FILED JAN 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45542

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12139

1. PLACE OF DEATH
a. COUNTY St. 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City 4356
d. STREET ADDRESS (If rural, give location) 7208 Chamberlain

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Frederick
c. (Last) Schenkmeyer

4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1953

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0
8. DATE OF BIRTH Dec. 25, 1877
9. AGE (In years last birthday) 75yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst Sta. Master Mo.
10b. KIND OF BUSINESS OR INDUSTRY Pacific R. R.
11. BIRTHPLACE (State or foreign country) Philadelphia, Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Carl Schenkmeyer
13b. MOTHER'S MAIDEN NAME Caroline Kienle
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrie Skuy — ADDRESS 8301 Madison Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia - Terminal - — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Nephritis - — years -
DUE TO (c) Arteriosclerosis - — years -

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 446X

22. *I hereby certify that I attended the deceased from* Nov. 9-53, 19__, *to* Dec-23, 1953, *that I last saw the deceased alive on* Dec. 23, 1953, *and that death occurred at* 6:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Roy A. Hutchins Sr. (Degree or title) M.D.
23b. ADDRESS Overland 14 Mo
23c. DATE SIGNED 12-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Dec. 27, 1953
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery
24d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

DATE REC'D BY LOCAL REG. DEC 24 1953
REGISTRAR'S SIGNATURE J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Son — ADDRESS 6175 Delmar

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Ray Walther
2432 Woodson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Jos. E McCullok

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.