

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19051

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo (No. 7824) Michigan St. 5468 Ward

2. FULL NAME

Katie Schilling
 (a) Residence, No. 7824 Michigan An 1 St., 1 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Schilling
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23 1877
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 2 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo

10. NAME OF FATHER

Lawrence Schulz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Ger.

12. MAIDEN NAME OF MOTHER

Eva Schulz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

14.

INFORMANT Andrew Schilling
 (Address) 7824 Michigan Ave

15.

FILED MAY 19 1928 Max C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-12 1928 to 5-17 1928
 that I last saw h. or alive on 5-17 1928 and that death occurred, on the date stated above, at 6 20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 66E
Noiter (Exophthalmic) 131
921

CONTRIBUTORY (SECONDARY) Endocarditis and chronic interstitial nephritis (duration) yrs. mos. da. 6

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) Max C. Parker, M. D.

5-18 1928 (Address) 7800 Grove, St. Louis Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mat Olive Room May 21 1928

20. UNDERTAKER

ADDRESS

Finkler and Co 7819 Michigan

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

