

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.

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

Do not use this space.

22368

1. PLACE OF DEATH

County.....

Registration District No. 791

File No. 22368

Township.....

Primary Registration District No. 1003

Registered No. 6502

City St. Louis

(No. Mo. Baptist Hospital)

St. Ward

2. FULL NAME

Arline J. Schill

(a) Residence. No. 3729 Maffett St. 11

(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 21, 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ____ hrs. or ____ min.

21

0

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Mo. Poc. R.R.

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

mo

PARENTS

10. NAME OF FATHER

W²²¹ C. A. Schill

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Augusta C. Fehrenbach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

mo

14.

INFORMANT

(Address)

W²²¹ C. A. Schill
3729 Maffett Ave.

15.

FILED

22

1928

Max C. Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 20 1928

17.

I HEREBY CERTIFY That I attended deceased from

6/17/28

that I last saw h. s. alive on 6/17/28, and that death occurred, on the date stated above, at 10:30 a.m. 6/18/28

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism

1114

CONTRIBUTORY (SECONDARY)

Thyroid tumor (Benign)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Mo. Baptist Hospital

DID AN OPERATION PRECEDE DEATH?

yes DATE OF 6/17/28

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Loren C. Faulstich

M. D.

6/21, 1928 (Address) 410 Metropolitan Bldg.

*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

New Pickers Cem.

June 23, 1928

20. UNDERTAKER

ADDRESS

Adron L. H. Co. 2707 N. Grand

