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

Do not use this space.

21077

File No.
Registered No.

1. PLACE OF DEATH
County Franklin
Township Union
City Union (No. , St. Ward)

Registration District No. 296
Primary Registration District No. 4180

2. FULL NAME Raymond Schiller
(a) Residence. No. St., 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 24 1931

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.

WHITE PERSONS MUST BE CONSIDERED AS THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27, 1905.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
25	25	5	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoe worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Charles T. Schiller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union
(STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Ida J. Mentels.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union
(STATE OR COUNTRY) Missouri.

14. INFORMANT Mrs. Charles T. Schiller
(Address) Union, Missouri.

15. FILED Jun 22, 1931 E. A. Stirbinger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1931

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1931, to June 18, 1931, that I last saw h~~im~~ alive on June 18, 1931, and that death occurred, on the date stated above, at 2:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stomach Dyspepsia Chronic
165E

(duration) yrs. mos. 3½ ds.

CONTRIBUTORY (SECONDARY) 165

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Her Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. A. Stirbinger M. D.
June 21, 1931 (Address) Union 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 Zions Evangelial Church Cemetery Union, Mo.
DATE OF BURIAL 6/21/31

20. UNDERTAKER Union Furniture Co. By. Wm. H. Horn.
ADDRESS Union, Mo