

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.

29289

1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township Central Primary Registration District No. 4471
City Webster Groves (No. 228, Atlanta Ave) St. 77 Ward

2. FULL NAME

Richard Schiller
(a) Residence, No. 328 Atlanta Ave, 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine Schiller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 10, 1877</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>8</u>
	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Grocery Store</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Prop.</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>William Schiller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Louise Ley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Josephine Schiller</u> <u>328 Atlanta Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem.</u> DATE <u>Aug. 23, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. L. Pleitach Inc.</u> <u>5966 Eaton Ave.</u>		
20. FILED <u>8/20</u> , 19 <u>31</u> , <u>St. Louis, Mo.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:
Suicide by illuminating gas.

Date of onset _____

Other contributory causes of importance:
164A

Name of operation none Date of _____

What test confirmed diagnosis ruptured eye Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide suicide Date of injury 8/20, 1931
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) John S. Bonnell, M. D.
(Address) St. Louis County

Dr. Richard D. ...
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