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

Do not use this space.

32294

File No.

Registered No. 120

1. PLACE OF DEATH
County St Francois
Township St Francois
City (No. St. Ward)
Registration District No. 773
Primary Registration District No. 6018A

2. FULL NAME Mrs Louise Schilling
(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.

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.

OCT 26 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~Widow~~ George Schilling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 1840

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
91	8	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(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 Francois Co, Mo

PARENTS
10. NAME OF FATHER Louis Carson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) St Genevieve Co
12. MAIDEN NAME OF MOTHER Julia Reutha
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St Genevieve Co

14. INFORMANT Joe Schilling
(Address) R 2 Farmington Mo

15. FILED Sept 8 1931 B. L. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1931

17. I HEREBY CERTIFY, That I attended deceased from July, 1929, to June 26, 1931, that I last saw h alive on June 26, 1931, and that death occurred, on the date stated above, at 10:15 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Arteriosclerosis
9 yr

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo L. Watkins, M. D
9-8-, 1931 (Address) Farmington 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 Catholic Cemetery — DATE OF BURIAL 9-9 1931

20. UNDERTAKER Neidert Und Co — ADDRESS Fayton, Mo