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

Do not use this space.

14317

File No. 1
Registered No. 22

1. PLACE OF DEATH
County: St. Charles Co.
Township: O'Fallon, Mo.
City: (No. , St. Ward)
Registration District No. 760
Primary Registration District No. 6001

2. FULL NAME: Sr Mary Martha 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.

MAY 24 1933

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 20 1868

7. AGE: Years 63 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Art Needlework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓
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): Leipferdingen Baden

FATHER
13. NAME: John Schilling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leipferdingen Baden

MOTHER
15. MAIDEN NAME: Veronica Schilling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leipferdingen Baden

17. INFORMANT (ADDRESS): Sr M. Anselma

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Convent Cemetery DATE: Apr 3, 1933

19. UNDERTAKER (ADDRESS): Earl Mueller, Fallon Mo

20. FILED: 4/4, 1933 H. C. Caldwell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Apr 1, 1933
I last saw her alive on Apr 1, 1933. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Apoplexy	Apr 1 1933
Coma	
Bed Sores	
Other contributory causes of importance: Mental Nervous Break-down	Dec 15 1932

Name of operation: ✓ Date of: ✓
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury: ✓, 19
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury: ✓
Nature of injury: ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) L. H. Rosenmeyer, M. D.
(Address) O'Fallon Mo

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD