

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 1003)

Registration District No. 791
Primary Registration District No. 1003

File No. 22392
Registered No. 6177
St. Ward)

2. FULL NAME

Edward E. Schilder
(a) Residence, No. 4756 Alaska St., 15 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 <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>Bertha Schild</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11/1869</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>5</u>
	DAYS <u>11</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laband maker</u>	
	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) <u>Illinois</u>		
MOTHER FATHER	13. NAME <u>Adolph Schilder</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Missouri</u>	
	15. MAIDEN NAME <u>West Missouri</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Missouri</u>	
17. INFORMANT <u>Bertha Schild</u> (ADDRESS) <u>4756 Alaska St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marys</u> DATE <u>June 26</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. Brebeck</u>		
20. FILED <u>IN 25</u> 19 <u>1934</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1934

22. I HEREBY CERTIFY That I attended deceased from June 21st 1934 to June 23 1934
I last saw him alive on June 23 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Hypertension
Coronary artery disease
Myocardial infarction
Other vessel disease
Date of onset ?

Other contributory causes of importance:
Chronic high blood pressure
1931

Name of operation 47 Date of
What test confirmed diagnosis 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) Wesley J. Powell, M. D.
(Address) 5924 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

