JUL 27 1935

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

Do not use this space.

20938

File No.
Registered No. 157

1. PLACE OF DEATH
County St. Louis
Township Central
City ~~Pine Lawn~~ (No. 6234 Lorraine St. Ward)

Registration District No. 789
Primary Registration District No. 6033

2. FULL NAME Florence J. Schilb

(a) Residence, No. 6234 Lorraine 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/2/1901

7. AGE: Years 34 | Months 2 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 COUNTY) Belleville, Ills.

FATHER
13. NAME George Mantle,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Belleville, Ill.

MOTHER
15. MAIDEN NAME Frances Biggs,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Belleville, Ill.

17. INFORMANT William Schilb
(ADDRESS) 6234 Lorraine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belleville Ill. DATE 6-17-35 19

19. UNDERTAKER Gilbert A. Hyde Sons
(ADDRESS) 429 N. Euclid

20. FILED 6-15- 1935 W. A. Boehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14/1935, 19

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 11 am.

The principal cause of death and related causes of importance were as follows:

Date of onset

Felo-De-Ce, shot self in rt. temporal with 38 caliber revolver, bullet lodging beneath the scalp two inches superior to the middle of the left zygomatic bone.

Other contributory causes of importance:
Left notes that she was going to do this, giving reason as despondency. Was found in bathroom by son, when he returned at 11 am.

Name of operation ..... Date of .....

What test confirmed diagnosis? Coroner's view 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? .....
If so, specify .....

(Signed) Luke B. Finn 6/14/35, M. D.
(Address) 3718 Jennings, Rd.
Coroner St. Louis Co., Mo.