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.

JAN 26 1937

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

Do not use this space.

46073

File No.

Registered No. 364

1. PLACE OF DEATH

County St. Louis, County — Registration District No. 789

Township Central — Primary Registration District No. 6 033

City (No. 3920 Jennings Road St. Ward)

2. FULL NAME William P. Schiller

(a) Residence, No. 3920 Jennings Road 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta O. Schiller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29th, 1873

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Warehouse Manager

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) St. Louis, Mo.

FATHER

13. NAME Julus Schiller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Stark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Etta O. Schiller
(ADDRESS) 3920 Jennings Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan., 2, 1937

19. UNDERTAKER Stroot & Carroll Mod. Co.
(ADDRESS) 4600 Natural Bridge Ave.

20. FILED 12-31-, 1936 Ida Bachmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec., 30th., 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19th, 1936, to Dec. 30th, 1936

I last saw h. alive on Dec. 29th, 1936. Death is said to have occurred on the date stated above, at 12 30 m.

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

	Date of onset
Acute Lobar Pneumonia	Dec 19 1936

Other contributory causes of importance: —

Name of operation Date of

What test confirmed diagnosis? Physical 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) E. B. Kinder, M. D.

(Address) 1432 N. Tucker Ave