

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.

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township St. Louis  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
No. 1616 Hamilton

File No. 8486  
Registered No. 1941  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Omer Patrick Leo Schilling  
(a) Residence, No. 1616 Hamilton St., 6 Ward.

Length of residence in city or town where death occurred yrs. 2 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
24 9 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer  
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) Dec 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Joachim Schilling

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

15. MAIDEN NAME Anna Cecelia Murphy

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

17. INFORMANT (ADDRESS) Emil Schilling

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Bud DATE Feb 17, 1937

19. UNDERTAKER (ADDRESS) Emil Quernheim

20. FILED 15 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 14, 1937

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 11:40 a.m.

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

Laceration of throat and wrist self-inflicted, while suffering mental aberration about 10.03 A.M. Feb. 14, 1937 at residence of brother Emil Schilling 1616 Hamilton St. St. Louis  
Other contributory causes of importance: suicide

Date of onset

Name of operation \_\_\_\_\_ 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? suicide Date of injury Feb. 14, 1937

Where did injury occur? St. Louis (Specify city or town, county, and State)

Specify whether injury occurred in home, or in public place. Home

Manner of injury \_\_\_\_\_

Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W. K. Sadler M. D.

(Address) \_\_\_\_\_

