

NOV 23 1937

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

Do not use this space.

38776

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

File No.

Registered No.

Ward)

2. FULL NAME William Schilling.(a) Residence, No. St. Louis Co. Mo. 9100 Olive Street Rd. 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)

Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22nd, 1861.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

76

7

0

OCCUPATION

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

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Teamster

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)

Saint Louis Missouri.

MOTHER FATHER

13. NAME

Fred Schilling

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

Germany

15. MAIDEN NAME

Amanda Wiedemeyer

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

Germany17. INFORMANT Mrs. Frieda Walters  
(ADDRESS) 3407a Caroline Street.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Marcus Cem. DATE October 25th, 3719. UNDERTAKER Zusekhan Bros.  
(ADDRESS) 2623 Cherokee Street.20. FILED 10-25-37 W. A. Bachner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct 15 1937 to Oct 22 1937I last saw him alive on 10-22 1937 Death is saidto have occurred on the date stated above, at 57 m.

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

Date of onset

Chronic myocardium

Other contributory causes of importance:

Senility

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Date of injuryWhere 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) Rev. J. P. Paul M. D.(Address) 810 1/2 Pine Street

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.

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