

DEC'D DEC 12 1938

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

37586
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **9913**
 (c) City **St. Louis, Missouri** Street No. **City Sanitarium** St. **Sanitarium**
 (e) Length of residence in city or town where death occurred **71** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Joseph W. Schiller**

(a) Residence, No. **4742 a Alabama** St. **15** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
 4. COLOR OR RACE **White**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Josephine Wirtel Schiller**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **2-14-1867**
 7. AGE YEARS **71** MONTHS **9** DAYS **2** IF LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Hospital**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Attendant**
 10. Date deceased last worked at this occupation (month and year) **9-1-38**
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

FATHER
 13. NAME **Joseph Schiller**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown, Bohemia**

MOTHER
 15. MAIDEN NAME **Anna Schwartzel**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Bohemia**

17. INFORMANT **W. Gansloser, M.D.**
 (ADDRESS) **5400 Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SUN SEPT 20 1938** DATE **NOV. 18 1938**

19. FUNERAL DIRECTOR (NAME) **JOS. P. FENDLER JR**
 (ADDRESS) **7128 MICHIGAN ST.**

20. FILE NO. **NOV 17 1938** **Jet Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-16-38**, 19.....

22. ~~9-1-38~~ **HEREBY** CERTIFY, That I attended deceased from 19..... to **11-16-38**, 19.....
 I last saw him alive on **11-16-38**, 19..... Death is said to have occurred on the date stated above, at **3:40 A.M.**
 The principal cause of death and related causes of importance were as follows:

Carcinoma head of Pancreas with common duct Obstruction

Date of onset

Other contributory causes of importance:
None

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **Yes**

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) **W. Gansloser**, M. D.
 (Address) **5400 Arsenal St**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 9250

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.