

DEPT DEC 12 1938

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

37851

Do not use this space.

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City St. Louis,  
 or  
 (e) Length of residence in city or town where death occurred

Registration District No. 791Primary Registration District No. 1003Registered No. 10178

(d) Street No. Alexian Brothers Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 1152 Joseph Schillinger  
3933 So. Broadway St. 24  
 (Usual place of abode, if no street address, write county or city) (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 (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1859.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
79 9 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 15 yrs.  
 9. Industry or business in which work was done, as 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) Germany.

FATHER 13. NAME Dont Know.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER 15. MAIDEN NAME Dont Know.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT Al. Schneiderhahn  
(ADDRESS) 3109 Keokuk St.18. BURIAL, CREMATION, OR REMOVAL New SS. Peter & Paul DATE Nov. 26, 1938.19. FUNERAL DIRECTOR (NAME) J.H. Gebken & Co.  
(ADDRESS) 2842 Meramec St.20. FILED Jt Bredeck 19 1938  
Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1938

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..... P.M.

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

Date of onset

*Deposited*  
*Joseph M. Schillinger*  
*Attended*

Other contributory causes of importance:

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?..... 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) Joseph M. Schillinger  
 (Address) Depository

(Licensed Embalmer's Statement on Reverse Side)

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.....

Herman A. Gebken....., Registered Apprentice No.....  
working under my personal supervision:

Signed Herman A. Gebken

Licensed Embalmer No. 2120  
2842 Meramec St.  
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.**