

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

7 939

REC'D MAR 9 1939

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

7860  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis <sup>2</sup> Registration District No. 784

(b) Township 1 Primary Registration District No. 200 Registered No. 220

(c) City Vinita Ph (d) Street No. 8017 Springdale Ave. St.   
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lelia Jane Schillinger.

(a) Residence, No. 8017 Springdale Ave. St.  (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 Female 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 Harry Schillinger.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2, 1970

7. AGE YEARS 69 MONTHS 1 DAYS 3 IF LESS than 1 day, ..... hrs. or ..... min.

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

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) Butler, (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Elias O'Rear.

14. BIRTHPLACE (CITY OR TOWN) 1 (STATE OR COUNTRY) Kentucky.

MOTHER 15. MAIDEN NAME Lutitia Brannock.

16. BIRTHPLACE (CITY OR TOWN) 1 (STATE OR COUNTRY) Indiana.

17. INFORMANT Mr. Harry Schillinger. (ADDRESS) 8017 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Feb. 8, 1939.

19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc. (ADDRESS) 5966 Easton Ave.

20. FILED FEB 7 1939 G. A. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1937, to Feb 5, 1939  
I last saw him alive on Feb 5, 1939. Death is said to have occurred on the date stated above, at 11 A.M.

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

Primary Carcinoma of Brain 5 3/4"

Other contributory causes of importance: Myocarditis (Chronic)

Name of operation..... Date of.....

What test confirmed diagnosis? Pathology 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) L. W. Hueland, M. D.  
(Address) 8105 Page Blvd.

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, 3454

David C. Gibson, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

David C. Gibson

Licensed Embalmer No. 3454

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.**

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