

JUL 12 1939

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

791
1008

20197
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. Mo. Baptist Hosp. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. **5041**

2. PRINT FULL NAME Mabel C. Schilling

(a) Residence, No. 3116 Mabelle Dr. St. NR Normandy Mo
(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 F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 6 19

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) (STATE OR COUNTRY) Dixon Mo.

FATHER 13. NAME Geo. Honrack

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

MOTHER 15. MAIDEN NAME Unk. Belle Duncan

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

17. INFORMANT (ADDRESS) Mr. Emil Schilling
3116 Mabelle Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Bud Ill. DATE 6/5/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nell Walsh Barnes
East St. Louis Ill.

20. FILED JUN 4 1939 J. P. Brudick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1939, to June 3, 1939

I last saw her alive on June 3, 1939. Death is said to have occurred on the date stated above, at 7:29 a.m.

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

Bronchopneumonia Date of onset 5/11/39

Other contributory causes of importance:
Name of operation none Date of
What test confirmed diagnosis? X-ray 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? no
If so, specify
(Signed) Edwin J. Meiners, M. D.
(Address) 6651 Enright av.

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.

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.....

Guy W. Wilkerson

Licensed Embalmer No.....

3575

P. O. Address.....

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.