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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22320 0 1

State File No.

Registration District No. 184 Primary Registration District No. 109 Registrar's No. 1375

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7923 Lorine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L. 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 7923 Lorine 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Julius A. Schilling

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adeline Schilling
6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 17, 1865 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	11	7	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Artist
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Jule Schilling
(b) Address 1004 Kirkham Rd.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-26-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) JUN 25 1942 (Date received local registrar) (b) C. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 30, 1942, to June 24, 1942
that I last saw him alive on June 23rd, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	1 day
Due to Chronic interstitial nephritis	3 yrs +
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations — 1310
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature [signature] (M. D. or other)
Address 3500 Cambridge Date signed 6/25/42

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(Licensed Embalmer's Statement on Reverse Side)

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 H. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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, fact should be so stated above.