V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26177

State File No.

FILED SEP 10 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7316

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 15 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4245 Delor Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John George Schillinger

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith Schillinger

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August (Month) 17 (Day) 1866 (Year)

8. AGE: Years 76 Months 0 Days 13 If less than one day hr. min.

9. Birthplace St. Louis Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired 9 years

11. Industry or business

MOTHER FATHER

12. Name Jacob Schillinger

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER

14. Maiden name Katherine Mautz

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Earl Schillinger

(b) Address 4245 Delor St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Hackmann-Schwilla Und Co.

(b) Address 3634 Gravois Ave.

19. (a) SEP 1 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 th. year 1942 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from January 1 1942 to August 30 1942 that I last saw him alive on August 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia and heart failure — Duration

Due to Chronic myocarditis, years?
Cerebral Vascular accident 10 days

Due to Hypertension years?
Auricular Fibrillation 10 days

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 Rudolph D. Jaeck, M.D. (M. D. or other)

Address #953 Chicago Bldg. Date signed 9-1-42

(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 Robert C Wheeler

Licensed Embalmer No. 2178

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, fact should be so stated above.