S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 20 1943
FILED

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8763

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2328

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

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: 2229 S. 10th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis 9 2 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2229 S. 10th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Peter J. Schiller
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 Loura Schiller
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased August 17, 1882 (Month) (Day) (Year)
8. AGE: Years 60 Months 6 Days 21 If less than one day hr. min.
9. Birthplace Hungary 4 (City, town, or county) (State or foreign country)
10. Usual occupation Baker
11. Industry or business
FATHER 12. Name John Schiller
13. Birthplace Hungary 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Theresa Bassler
15. Birthplace Hungary 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Laura Schiller
(b) Address 2229 S. 10th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter and Paul
18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.
19. (a) MAR 10 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1943 hour 12 minute 0 P. M.
21. I hereby certify that I attended the deceased from Febr. 23, 1943, to March 8, 1943, that I last saw him alive on March 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	I do
Due to infection	not
Diabetes Mell.	know
Due to not known	
Other conditions (Include pregnancy within 3 months of death) none	
Major findings: Of operations none	
Of autopsy none	

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 Laurence Schlenker M.D. (M. D. or other)
Address 3515 S. Grand Date signed 3/10/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Vandover
10 to 11 am
3115-S Grand
Take to Wyoming

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 William T. Hiram

Licensed Embalmer No. 4319

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.