

S. No. 2
M-2-43
5-17
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19907
Registrar's No. 5780

FILED JUL 3 1943 18

Registration District No. 18

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 yr, 1 mo 18 days.
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 + 3
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1439 Chambers (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WIRGIE SCHILLIG

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased. August 30 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 23 If less than one day - hr. - min.

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

10. Usual occupation none

11. Industry or business -

12. Name Unknown

13. Birthplace unknown Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Helma A. Dingler
(b) Address 5300 Arsenal St

17. (a) Burial (b) Date thereof June 25/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) JUN 24 1943 (b) J. F. Bredbeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1943 hour 10:55 minute A. M.

21. I hereby certify that I attended the deceased from July 1, 1936 to June 23, 1943
that I last saw her alive on June 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis 2 yrX
Tuberculosis Pneumonia 1 week X

Due to 1/2

Due to 1/2

Other conditions: 1/2
(Include pregnancy within 3 months of death)

Major findings: 1/2
Of operations

Of autopsy 1/2

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?
-

While at work? - (Specify type of place) (e) Means of injury -

23. Signature H. L. Moore (M. D. or other) MD.
Address 5300 Arsenal St Date signed 6/24/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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: *[Handwritten Signature]*

Licensed Embalmer No. *7053*

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, fact should be so stated above.