

**ED AUG 12 1943**  
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 7037

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:  
Enroute City Hospital 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 5 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Karen Schiley

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

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

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

7. Birth date of deceased July 28 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	--	--	5	hr. min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business.....

MOTHER FATHER { 12. Name August Schiley

13. Birthplace St. Louis Co Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Rodgers

15. Birthplace Campbell Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Adolph Oakes

(b) Address 219 Cano Ave

17. (a) Burial (b) Date thereof 8-4-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walhalla Cemetery

18. (a) Signature of funeral director Dovalert & Dovalert  
(b) Address 2228 St. Louis Ave

19. (a) AUG 4 1943 (b) J. F. Buddeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 726  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1420 Monnaie  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 3 day 16 year 1943 hour 16 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 2 1943 to Aug 3 1943 that I last saw her alive on Aug 2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Convulsion. Probably Birth injury cerebral.

Due to..... Exhaustion

Other conditions (Include pregnancy within 3 months of death) 0

Major findings: Of operations..... 160  
Of autopsy.....

Duration  
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?.....

While at work? (Specify type of place) (a) Means of injury.....

23. Signature J. M. Fisher (M. D. or other) 9/30/43  
Address 2305 1/2 Sterling Date signed 9/24/43

*Not Embalmed*

**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.....

Licensed Embalmer No.....

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.**