

REG. DIST. OCT 23 1943

State File No. _____

Registration District No. 290

Primary Registration District No. 5983

Registrar's No. 113

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Fort Leonard Wood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O Station Hospital Civilian War
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hours approx.
(Specify whether
In this community 2 months, 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Germany (b) County 85
(c) City or town Toblach-Wahlen 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany (Austrian) 0

3. (a) PRINT FULL NAME Wendelin Schiller

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased March 15 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 6 11 hr. _____ min.

9. Birthplace Italian Austria (German held)
(City, town, or county) (State or foreign country)

10. Usual occupation Prisoner of War, ISN-7WC-46224

11. Industry or business GeFreiter, Co 11th, Compound #3

12. Name Unknown Prisoner of War Camp

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

14. Maiden name Unknown

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

16. (a) Informant Military Records; Prisoner of War

(b) Address Fort Leonard Wood, Missouri, Camp

17. (a) Burial (b) Date thereof 9/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Leonard Wood

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo

19. (a) Sept 28 1943 (b) Robert A Murray (c) me
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26
year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10:55 P. M.
25 September 1943 to 8:30 AM, 26 Sept 1943
that I last saw h. im alive on 26 September 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. (1) Hemorrhage, epidural
(6 hrs) due to Rupture of right mid-
dle meningeal artery (6 hrs) due to
Blow on head.

Duration

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

Major findings:
Of operations _____
Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fall in the following:

(a) Accident, suicide, or homicide (specify) homicide

(b) Date of occurrence 25 September 1943

(c) Where did injury occur? Ft. Leonard Wood Pulaski Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Quarters

While at work? No (Specify type of place)
(e) Means of injury Club

23. Signature Capt. H. Schroyer (M.-D. or other) MD.
Address Station Hospital Fort Leonard Wood Date signed 28 Sept 43

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

MAR 4 1955

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *W.E. Helman*

Licensed Embalmer No. *4107*

P. O. Address *Telavon 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.