

FILED DEC 18 1943

Registration District No. **377**

Primary Registration District No. **3069**

Registrar's No. **2790**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(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 Mo. (b) County 11

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

(d) Street No. 4642 Wilcox Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Olivia Schiller

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th
year 1943 hour 3:50 minute A.M.

4. Sex Female 5. Color or race White

6. (a) Single, married, divorced _____

6. (b) Name of husband or wife John Schiller

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: June 7th 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 7 1943 to Dec 14 1943
that I last saw him alive on Dec 14 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

73	6	7	hr. min.
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Immediate cause of death Hemiplegia Duration 3 days

Due to the result of hemorrhage

Due to _____

9. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions Strangulated umbilical hernia
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name George Hoffner

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

14. Maiden name Mary Unknown

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

Major findings: Strangulated inguinal hernia

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Schiller

(b) Address 4642 Wilcox Ave.

17. (a) Burial (b) Date thereof 12-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 16 1943 (b) E. H. McCarver, M.D.
(Date received locally and filed) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) None

(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 None

23. Signature W. J. Allen (M. D. or other) _____
Address 4500 Olive Date signed _____

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

16
3

DEC 2 9 1942

2301 So. Main St. Quincy, Ill.
Pr 29422 / 1-9-30

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 *Richard W. Stover*

Licensed Embalmer No. *4007*

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.