V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 498

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: Jewish Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 months (Specify whether years, months or days) In this community Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4345 Warne Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lillie Mae Schlindwein

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clarence H. Schlindwein

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 3, 1904 (Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name James H. Fay

13. Birthplace Calhoun (City, town, or county) Ills. 0 (State or foreign country)

14. Maiden name Elizabeth Jordan

15. Birthplace Morrisonville (City, town, or county) Ills. 0 (State or foreign country)

16. (a) Informant Clarence H. Schlindwein
(b) Address 4345 Warne Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JAN 18 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th year 1944 hour 1:40 PM minute M.

21. I hereby certify that I attended the deceased from April 4, 1943, to Jan. 14, 1944 that I last saw her alive on Jan 14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized carcinomatosis	4 yrs.
Due to Carcinoma left breast	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma left breast
Of autopsy Generalized carcinomatosis

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 J. Gelford (M. D. ~~or other~~)
Address 216 S. Kingshighway Date signed 1/18/44

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Burnley

Licensed Embalmer No. 420D

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.