. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13061

Registration District No. [illegible] Primary Registration District No. 3010 Registrar's No. 103

16
1
4

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Hospital 3 days (Specify whether)
In this community: 3 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Perry 79
(c) City or town: Frohna Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? ! (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Emma Louisa Schilling
3. (b) If veteran, name war:
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: Herbert Schilling
6. (c) Age of husband or wife if alive: 29 years
7. Birth date of deceased: July 13 1920 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
24	8	23	hr. min.

9. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
FATHER
12. Name: Benjamin Weber
13. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Frida Herring
15. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Herbert Schilling
(b) Address: Frohna Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-8-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Frohna Mo.
18. (a) Signature of funeral director: Young & Sons
(b) Address: Perryville Mo.
19. (a) 4-11-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1945 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Apr 3, 1945, to Apr 6, 1945, that I last saw her alive on Apr 6, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes	
Due to Atrophy of Pancreas	
Due to Chr cholecystitis	
Other conditions (Include pregnancy within 3 months of death) Pulmonary hypostasis	

Major findings:
Of operations:
Of autopsy: Hypostasis general
Atrophy pancreas - nephritis etc

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: Carl A. Zimmermann (M. D. or other)
Address: Cape Girardeau Mo. Date signed Apr. 7 1945

1018 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 545-573

Date Filed 5-2-45

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.