

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

**FILED MAY 27 1946 318 STANDARD CERTIFICATE OF DEATH**

State File No. **18865**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**1003**

Registrar's No. **4466**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis Mo**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Co 4011 Magnolia Ave**  
 (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

3. (a) PRINT FULL NAME **Gottfried Schiller**

3. (b) If veteran, name war **No** 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife **Hedwig** 6. (c) Age of husband or wife if

7. Birth date of deceased **Sept 17 1872**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**73 7 29** hr. min.

9. Birthplace **Germany** (City, town, or county) (State or foreign country)

10. Usual occupation **Artist & Decorator**

11. Industry or business **Self**

12. Name **George Schiller**

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

14. Maiden name **Amelia Sayle**

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

16. (a) Informant **Maria Schiller**

(b) Address **4011 Magnolia Ave**

17. (a) **Burial** (b) Date thereof **5 20 46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter Paul**

18. (a) Signature of funeral director **Kriegshauser**

(b) Address **4228 So. Kingshighway**

19. (a) **MAY 18 1946** (b) **J. J. Bradee**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4011 Magnolia Ave**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **16**  
 year **1946** hour **2.05 PM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **1-23** 19**46** to **5-16** 19**46**  
 that I last saw him alive on **5-16** 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatosis** Duration **6 mo +**

Due to **Carcinoma of colon** ?

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **H/O**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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) (e) Means of injury \_\_\_\_\_

23. Signature **E. Lee Shradley** (M. D. or other) **5/17/46**  
 Address **3720 Washington Blvd** Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Edwin D Mc Newott*  
Licensed Embalmer No..... *3024*

\* 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.**