No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 31

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 29744

Registrar's No. 7894

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Clayton, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 hrs. (Specify whether years, months or days)
In this community: 14 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Pine Lawn (If outside city or town limits, write "RURAL") 0
(d) Street No.: 3417 Pine Grove (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: Adolph Henry Schild
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: M
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Eliza
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 11 (Month) 6 (Day) 1872 (Year)

8. AGE: Years 74 Months 9 Days 12 If less than one day: hr. min.

9. Birthplace: Quincy (City, town, or county) Ill. (State or foreign country) 1
10. Usual occupation: unemployed
11. Industry or business:
FATHER
12. Name: Henry Schild
13. Birthplace: Illinois (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name: Charlotte Metz
15. Birthplace: Germany (City, town, or country) (State or foreign country) 4 1
16. (a) Informant: Son Chas Schild
(b) Address: 6430 Alabama
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: New Bethlehem
18. (a) Signature of funeral director: R. Kron & Sons
(b) Address: 2707 N. Grand
19. (a) 8-28-47 (Date received local registrar) (b) Cemag Shaw (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th year 1947 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug. 8th 1947 to Aug. 18th 1947 that I last saw him alive on Aug. 18th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Contusions & Lacerations of Brain & Severe cerebral concussion — Duration: 9 hrs
Due to: Accident
Due to: 170 c-4
Other conditions (Include pregnancy within 3 months of death): Shock & due to Hemorrhage from (superficial) Lacerations
Major findings:
Of operations:
Of autopsy:

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 9
(b) Date of occurrence: 8-18-47
(c) Where did injury occur? Pine Lawn (City or town) St. Louis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? No (e) Means of injury: By Truck Pe. Truck

23. Signature: R. Herdener (M. D. or other) 0
Address: 601 Brentwood Blvd. Date signed: 8/20/47

Jefferson City Printing Co.

(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.....

Licensed Embalmer No.....

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.

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1854

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Pine Lawn (If outside city or town limits, write "RURAL")
(d) Street No. 3417 Pine Grove ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Adolph H. Schild
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eliza Schild
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased November (Month) 6 (Day) 1872 (Year)

8. AGE: Years 74 Months 9 Days 12 ~~Mx~~ If less than one day hr. min.

9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)
10. Usual occupation unemployed
11. Industry or business none
FATHER
12. Name Henry Schild
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Eliza Schild
(b) Address 3417 Pine Grove ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery
18. (a) Signature of funeral director A. Krow L. U. Co
(b) Address 2707 N. Grand Blvd
19. (a) 8-28-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1947 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from August 18th 5:20 PM 1947 to August 18th 11:20 1947 that I last saw him alive on Aug 18 1947 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 8-8-47
(c) Where did injury occur? Pine Lawn (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? (e) Means of injury Struck by truck

23. Signature (M. D. or other)
Address Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

S-29744

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.