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Metropolitan Bldg. NE 5432

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14626

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3876

1. PLACE OF DEATH:
(a) County
(b) City or town ~~4349 Ellenwood Ave~~ St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4349 Ellenwood
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4349 Ellenwood Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME William B. Schild
3. (b) If veteran, name war *****
3. (c) Social Security No. 703-09-3752
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Schild
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May 12th 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	11	10	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Frieght Handler
11. Industry or business Retired
MOTHER FATHER
12. Name Adolph Schild
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name ROSE CARSTEN
15. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)
16. (a) Informant Lena Schild
(b) Address 4349 Ellenwood Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-1948 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave
19. (a) APR 24 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day April year 1948 hour 12:30 minute A. M.
21. I hereby certify that I attended the deceased from April 4, 1948, to April 22, 1948, that I last saw him alive on April 22, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	10 yrs.
Chronic Nephritis	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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)
(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 Dewey St John (M. D. or other) MD
Address 505 N. Grand St Louis 3. Mo Date signed 4/22/48

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.....Homer H. Fritz

Licensed Embalmer No.....3882

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.