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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 7843

Registration District No. 310 Primary Registration District No. 1003

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

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:  
4321 S. Compton 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 ADOLPH M. SCHILLY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna K.

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April 11, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 4 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired 20 Years

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Lorenz Schilly

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

14. Maiden name Victoria Birkenmeier

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

16. (a) Informant Anna K. Schilly

(b) Address 4321 S. Compton Ave.

17. (a) Burial (b) Date thereof 9/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) SEP 7 1948 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 4321 S. Compton Ave.  
(If rural, give location)

(e) Citizen of foreign country? 15 (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th  
year 1948 hour 1 minute 25P. M.

21. I hereby certify that I attended the deceased from May 1 1948  
to Sept 4 1948  
that I last saw him alive on Sept 4 1948  
and that death occurred on the date and hour stated above.

Immediately cause of death \_\_\_\_\_  
Carcinoma of Prostate gland and bladder

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

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

Other conditions Arterio sclerosis  
(Include pregnancy within 3 months of death)

Duration

2 yrs  
3 mo

12 yrs

Major findings: Carcinoma of prostate and bladder (1946)

Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN

Primary  
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)

(a) Means of injury \_\_\_\_\_

23. Signature May Standish (M. D. or other) MD  
Address 512 [Address] Date signed 9/6/48

7843

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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..... **Me**

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Joe S. Benz*  
Licensed Embalmer No..... *04249*

P. O. Address *2842 Meramec St.*  
*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.**