

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25906**

BIRTH NO. _____ REG. DIST. NO. **367** PRIMARY REG. DIST. NO. **6235** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Pinckney twsp)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Pinckney twsp.)	
c. LENGTH OF STAY (In this place) life			
d. FULL NAME OF HOSPITAL OR INSTITUTION near Treloar, Mo.		d. STREET ADDRESS (If rural, give location) near Treloar, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Minnie	b. (Middle)	c. (Last) Schilling	4. DATE OF DEATH (Month) (Day) (Year) June 21, 1949
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Jan. 14, 1872	9. AGE (In years last birthday) (Specify) 77	IF UNDER 1 YEAR Months 5 Days 7	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Warren County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Potthast	13b. MOTHER'S MAIDEN NAME Henrietta Poepelmeyer	14. NAME OF HUSBAND OR WIFE Fred Schilling
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Otto Vahrenberg	ADDRESS Treloar, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive arteriosclerosis DUE TO (c) Heart disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		443X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-10-1948**, to **6-21-1949**, that I last saw the deceased alive on **6-20-1949**, and that death occurred at **4:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Floyd Logan (Degree) (Title)	23b. ADDRESS Warrenton Mo	23c. DATE SIGNED 6-23-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-23-49	24c. NAME OF CEMETERY OR CREMATORY Evang. Church	24d. LOCATION (City, town, or county) (State) Pinckney, Warren Co., Mo.
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DATE REC'D BY LOCAL REG. 6-25-49	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co.	ADDRESS Warrenton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

10900

District File Number

District Health Officer No. 9

RECEIVED 7-14-49

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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed John Huebing

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.