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FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11054

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2948

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 4 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2110 So 7th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): O'Fallon 6120
d. STREET ADDRESS (If rural, give location): 505 N Oak St.

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Edward
c. (Last): Schlinger

4. DATE OF DEATH (Month) (Day) (Year): Mar. 27, 1950

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Aug. 21, 1884
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Mfg. Plant
11. BIRTHPLACE (State or foreign country): Nashville, Illinois 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Schlinger
13b. MOTHER'S MAIDEN NAME: Mary Glatz
14. NAME OF HUSBAND OR WIFE: Lucille Schlinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 344-01-6988
17. INFORMANT'S SIGNATURE OR NAME: Lucille Schlinger — ADDRESS: 505 N Oak O'Fallon, Ill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis — 10-28-49
DUE TO (c): Athrosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None. OK OFP

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 31, 1949, *to* March 11, 1950, *that I last saw the deceased alive on* March 4, 1950, *and that death occurred at* 1230 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. S. Hiebert M.D. 0
23b. ADDRESS: O'Fallon, Illinois
23c. DATE SIGNED: March 27, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: Mar. 27, 1950
24c. NAME OF CEMETERY OR CREMATORY: Shiloh Cem
24d. LOCATION (City, town, or county) (State): Shiloh Ill

DATE REC'D BY LOCAL REG.: MAR 28 1950
REGISTRAR'S SIGNATURE: J B Lassiter
25. FUNERAL DIRECTOR'S SIGNATURE: Wolfersberger-Myers — ADDRESS: O'Fallon, Ill

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. Allen Davis Jr

Licensed Embalmer No. 408B

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.