

FILED SEP 22 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31823

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7925

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, write RURAL and give town) *St. Louis Mo*
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION *Lutheran Hospital*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE *Mo*
 b. COUNTY
 c. CITY (If outside corporate limits, write RURAL and give township) *St. Louis*
 d. STREET ADDRESS (If rural, give location) *1810 Switzer*

3. NAME OF DECEASED
 a. (First) *Marie* b. (Middle) *V.* c. (Last) *Schilligo*
 4. DATE OF DEATH (Month) (Day) (Year) *9 4 1951*
 5. SEX *F* 6. COLOR OR RACE *White* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Married* 8. DATE OF BIRTH *May 12 1889*
 9. AGE (In years last birthday) *62* IF UNDER 1 YEAR Months IF UNDER 1 YEAR Days IF UNDER 1 YEAR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *House work* 10b. KIND OF BUSINESS OR INDUSTRY *Own home* 11. BIRTHPLACE (State or foreign country) *St. Louis, Mo* 12. CITIZEN OF WHAT COUNTRY? *U. S. A.*

13a. FATHER'S NAME *George Heimbürger* 13b. MOTHER'S MAIDEN NAME *Anna Westerheide* 14. NAME OF HUSBAND OR WIFE *Anthony Schilligo*

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 *Anna Hulda Schroer* ADDRESS *1810 Switzer*

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Acute Myocardial Failure* INTERVAL BETWEEN ONSET AND DEATH *2 days*
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) *Chr. Myocarditis &*
 DUE TO (c) *Arteriosclerosis & Hypertension* } *5 yrs.*
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. *Senility*

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR *HSA*

22. I hereby certify that I attended the deceased from *Sept. 16, 1949*, to *Sept. 4, 1951*, that I last saw the deceased alive on *Sept. 4, 1951* and that death occurred at *10 A. m.*, from the causes and on the date stated above.

23a. SIGNATURE *Walter H. ...* (Degree or title) 23b. ADDRESS *3108 S. Grand* 23c. DATE SIGNED *SEP 6 '51*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *Sept 7 1951* 24c. NAME OF CEMETERY OR CREMATORY *Calvary Cemetery* 24d. LOCATION (City, town, or county) (State) *St. Louis, Mo*

DATE REC'D BY LOCAL REG. *SEP 6 1951* REGISTRAR'S SIGNATURE *Earl Smith* 25. FUNERAL DIRECTOR'S SIGNATURE *Earl Kodakson* ADDRESS *3516 N. 14th*

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Rene Hoffman*
Student Embalmer No.

Licensed Embalmer No. *4366*

P. O. Address *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.