V.S. No. 300
Rev. 10-48

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26296

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5409

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

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1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (In this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bissell Hills 4000 1
d. STREET ADDRESS (If rural, give location): 10106 Cabot Drive ?

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

4. DATE OF DEATH (Month) (Day) (Year): June 11th, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 30th, 1902
9. AGE (In years last birthday): 49 — 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): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (City and State or Foreign Country): Belleville, Illinois 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George F. Schilling
13b. MOTHER'S MAIDEN NAME: Emma Oechle
14. NAME OF HUSBAND OR WIFE: Eleanora Schilling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown ----------
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Eleanora Schilling, 10106 Cabot Drive, 15

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute myocardial infarction	3 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	atherosclerosis coronary art	222
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes M	10 yrs

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4.201

22. *I hereby certify that I attended the deceased from* 6-9, 1952, *to* June 11, 1952, *that I last saw the deceased alive on* Jun 11, 1952, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wayne O Sirle MD
23b. ADDRESS: 2739 No Grand
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Motor
24b. DATE: 6/13/52
24c. NAME OF CEMETERY OR CREMATORY: Green Mound Cemetery
24d. LOCATION (City, town, or county) (State): Belleville, Illinois

DATE REC'D BY LOCAL REG.: JUN 12 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Calvin F. Feutz, 4828 Natural Bridge Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Lindell-Trust Bldg.,
Grand & St. Louis Aves.,
Room 211 No. 1270
Hours. Between 2:00 P. M. & 4:00P. M.

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 A. Mlinar

Licensed Embalmer No. 4186

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.