

REG # 98157

State File No.

FILED JUL 23 1952

BIRTH REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1901

1. PLACE OF DEATH a. COUNTY ST. LOUIS <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY <u>201</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) <u>237 DAYS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORMANDY <u>0</u>	
d. STREET ADDRESS (If rural, give location) 3775 EAST EDGAR			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) A. c. (Last) SCHILLY		4. DATE OF DEATH (Month) (Day) (Year) JULY 10, 1952	
5. SEX MALE <u>0</u>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 14, 1894
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUNCH PRESS OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY Elec. Equip. Mfg.
11. BIRTHPLACE (City and State or Foreign Country) ST. GENEVIEVE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME MEINRAD SCHILLY		13b. MOTHER'S MAIDEN NAME REGINA BASLER	
14. NAME OF HUSBAND OR WIFE HELEN B. SCHILLY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 493242917	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MISSOURI		ADDRESS MISSOURI	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SQUAMOUS CELL CARCINOMA OF LARYNX ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 161X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11-16-51, 19</u> , to <u>7-10-52</u> , and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Walter A. Flotte M.D.</i> WALTER A. FLOTTE, M.D.		23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	
23c. DATE SIGNED 7-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 14, 1952	
24c. NAME OF CEMETERY OR CREMATORY St. Ann's		24d. LOCATION (City, town, or county) (State) Normandy Mo.	
DATE REC'D BY LOCAL REG. 7-13-52		REGISTRAR'S SIGNATURE <i>Harbert R. Dombi</i> Harbert R. Dombi	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter A. Flotte</i> Walter A. Flotte		ADDRESS 7267 Natl Bridge	

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

AUG 25 1937

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 *W E Morris*

Licensed Embalmer No. *3360*

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.