

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11093

FILED APR 8 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 6

970
1

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>O'Fallon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>3401 Arsenal Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Institute</u>			
3. NAME OF DECEASED a. (First) <u>St. M. McInrada</u> b. (Middle) <u>Schill</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31 1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 22, 1877</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Seegental, Baden</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Schill</u>		13b. MOTHER'S MAIDEN NAME <u>Bobbie Mittelmann</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>St. Mary Alice</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS _____	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		<p>MEDICAL CERTIFICATION</p>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>		<p>DUE TO (b) <u>Gen. arteriosclerosis</u></p>	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS _____			
<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles, Mo.</u>	
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? <u>4500</u>	
22. I hereby certify that I attended the deceased from <u>3/11/53</u> , 19____, to <u>3/31/53</u> , 19____, that I last saw the deceased alive on <u>3/29/53</u> , 19____, and that death occurred at <u>7 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R.D. Judson</u>		23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>April 1, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 2, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Convent Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>O'Fallon, Missouri</u>
DATE REC'D BY LOCAL REG. <u>April 3, 53</u>	REGISTRAR'S SIGNATURE <u>E. A. Keethly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>O. R. C. Dallinger + Son</u>	ADDRESS <u>St. Charles, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

Frank R. Anglen

Licensed Embalmer No.

4832

P. O. Address

St. Charles, 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.