

FILED JUL 1 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. **21243**
Registrar's No. **4687**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4687	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0				c. LENGTH OF STAY (In this place) 4 Mo.		a. STATE Missouri b. COUNTY St. Louis 422	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mo. Baptist Hospital				c. CITY OR TOWN Overland 22		4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Charles Otto Shillinger				e. STREET ADDRESS (If rural, give location) 3212 Wismer Avenue		4. DATE OF DEATH (Month) (Day) (Year) 5 23 1954	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH July 25, 1897	
9. AGE (In years last birth-day) 56		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Contracting		11. BIRTHPLACE (City and State or Foreign Country) Butler, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Harry Shillinger		13b. MOTHER'S MAIDEN NAME Lelia O'Rear		14. NAME OF HUSBAND OR WIFE Isabell I. Shillinger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Isabell I. Shillinger		ADDRESS 3212-Wismer Overland	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Brain tumor, malignant		ANTECEDENT CAUSES				2 months	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
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)			
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		193x	
22. I hereby certify that I attended the deceased from 4-8-1954 , to 5-23-1954 , that I last saw the deceased alive on 5-23-1954 , and that death occurred at 8:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE M. Kimmelman MD 0				23b. ADDRESS 3409 Union St. St. Louis, Mo.		23c. DATE SIGNED 5-25-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-26-54		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		24d. LOCATION (City, town, or county) (State) Wellston, Mo.	
DATE REC'D BY LOCAL REG. MAY 26 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Baumgardner Bros Inc.		ADDRESS 2504 Woodson Rd. Overland, Mo.	

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.....
Signature of Student Embalmer

Signed *David C. Gibson*.....

Licensed Embalmer No. *345*.....

P. O. Address *Orlando*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.