

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39206

FILED NOV 22 1954

State File No.

318

1003

9810

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Marian Hospital</u>				• STREET ADDRESS (If rural, give location) <u>410 E. Marceau St.</u> 2019			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>H.</u> c. (Last) <u>Schilling Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 28, 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 9, 1894</u>		9. AGE (In years if under 1 year last birthday) Months Days Hours Min. <u>60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Moulder</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Liberty Foundry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chester, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>Henry Schilling</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Graw</u>		14. NAME OF HUSBAND OR WIFE <u>Jeanette</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-1</u>		16. SOCIAL SECURITY NO. <u>497-05-5841</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jeanette Schilling 410 E. Marceau St.</u>			
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) <u>Pneumonia, Lobar</u> 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. _____					INTERVAL BETWEEN ONSET AND DEATH <u>Oct 9, 1954</u>	
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? <u>490X</u>			
22. I hereby certify that I attended the deceased from <u>Mar 12</u> , 19 <u>51</u> , to <u>Oct 28</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 27</u> , 19 <u>54</u> , and that death occurred at <u>10:50 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leroy E. Ellsion MD</u>				23b. ADDRESS <u>3610 So Broadway St. Louis</u>		23c. DATE SIGNED <u>Oct 29, 1954</u>	
24a. BURIAL/CREMA-TION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 1, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1215 Lemay Ferry Rd. Lemay, Mo.</u>		
DATE REC'D BY LOCAL <u>OCT 29 1954</u>		REGISTRAR'S SIGNATURE - <u>G. Earl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co. 7814 S. Broadway</u>		

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, *Harry J. Schumacher*
Licensed Embalmer No. *2679*

P. O. Address *7814 1/2 Madison*

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.