

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18599

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3725**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b> |  | c. CITY OR TOWN <b>Saint Louis</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4101 Alma</b>  |  | e. STREET ADDRESS (If rural, give location) <b>4101 Alma</b>  |  |

|                                     |                          |                          |                           |   |
|-------------------------------------|--------------------------|--------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Lillie</b> | b. (Middle) <b>Glass</b> | c. (Last) <b>Schillig</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>April 11, 1956</b> |
|-------------------------------------|--------------------------|--------------------------|---------------------------|---|

|                 |                           |   |                                   |   |  |   |
|-----------------|---------------------------|---|-----------------------------------|---|--|---|
| 5. SEX <b>F</b> | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>2-18-1870</b> | 9. AGE (In years last birthday) <b>86</b> | IF UNDER 1 YEAR Months <b>1</b> Days <b>23</b> | IF UNDER 24 HRS. Hours <b></b> Min. <b></b> |
|-----------------|---------------------------|---|-----------------------------------|---|--|---|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Bunker Hill, Ill.,</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|---|--|---|

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|--|--|--|
| 13a. FATHER'S NAME <b>John Brandenberger</b> | 13b. MOTHER'S MAIDEN NAME <b>Christine Funke</b> | 14. NAME OF HUSBAND OR WIFE <b>Fred. Ge. Schillig Deceased</b> |
|--|--|--|

|   |                                     |   |                                |
|---|-------------------------------------|---|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Marie Schillig</b> | ADDRESS <b>4101 Alma A ve.</b> |
|---|-------------------------------------|---|--------------------------------|

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|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>Chronic myocarditis</b>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>diabetes mellitus</b>  |   |  |                                  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>422.2</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | 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 **9/17/38**, 19\_\_\_\_, to **4/11/56**, 19\_\_\_\_, that I last saw the deceased alive on **3/27/56**, 19\_\_\_\_, and that death occurred at **10:00 PM**, from the causes and on the date stated above.

|  |  |                                 |
|--|--|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Albert J. Priot M.D.</b> | 23b. ADDRESS <b>3109 8th Ward Blvd</b> | 23c. DATE SIGNED <b>4/13/56</b> |
|--|--|---------------------------------|

|  |                            |   |   |
|--|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>4-14-1956</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Bunker Hill City Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Bunker Hill, Ill.,</b> |
|--|----------------------------|---|---|

|   |  |   |   |
|---|--|---|---|
| DATE REC'D BY LOCAL REG. <b>APR 16 1956</b> | REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Hoffmeister Colonial Mortuary</b> | ADDRESS <b>666 Chippewa Street, St. Louis, Mo</b> |
|---|--|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

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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. *Louis C. Hoffmeister*

Licensed Embalmer No. 3877

P. O. Address 7814 S. B.

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.