

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6603

STATE FILE NUMBER

FILED FEB 25 1957

318

1003

Registrar's No. 915

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL #1.</b>				Length of stay in lb <b>20/9</b>		d. STREET ADDRESS (If outside, give location) <b>7228 S. Broadway</b>				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>AUGUST SCHILEY</b>						4. DATE OF DEATH <b>JAN. 28, 1957</b>		First Middle Last		Month Day Year		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 19, 1903</b>		9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>9</b> Hours <b>9</b> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13. FATHER'S NAME <b>Charles Schiley</b>						14. MOTHER'S MAIDEN NAME <b>Lutichey Auer</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>497-05-5592</b>		17. INFORMANT Address <b>Mrs. Tulley 7228 S. Broadway</b>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Lung with Metastases</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>163x</b>										INTERVAL BETWEEN ONSET AND DEATH <b>Known 1 mo.</b>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____												
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from <b>12/30/56</b> to <b>1/28/57</b> and last saw her/him alive on <b>1/28/57</b> . Death occurred at <b>9:15 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) <b>Veray F. Antwerpen M.D.</b>						22b. ADDRESS <b>1515 LAFAYETTE AVE.</b>			22c. DATE SIGNED <b>1/28/57.</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>			23b. DATE <b>1-31-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>St. Louis, Co., Mo.</b>				
24. FUNERAL DIRECTOR ADDRESS <b>C. Hoffmeister U&amp;L. Co. 7814 S. Broadway</b>				25. DATE RECD. BY LOCAL REG. <b>JAN 29 '57</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b> <b>msb</b>						

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 *Lewis C. Hoffmann* .....

Licensed Embalmer No. 38

P. O. Address 7814 S. B.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.