V.S. No. 300
Rev. 10.48

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

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15242

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3233

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 3223 Liberty

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) W. c. (Last) Schiller

4. DATE OF DEATH (Month) (Day) (Year): Apr. 1, 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10, 1899

9. AGE (In years last birthday): 57 — If under 1 year: Months 8, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman - St. Louis Plumber Supply

10b. KIND OF BUSINESS OR INDUSTRY: St. Louis, Missouri

11. BIRTHPLACE (City and State or Foreign Country): C

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: August Schiller

13b. MOTHER'S MAIDEN NAME: Caroline Zachak

14. NAME OF HUSBAND OR WIFE: Tillie Schiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 491-12-7221

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Tillie Schiller 3223 Liberty

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma gall bladder — 6 mo

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 155X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [V] NO [ ]

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) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1957, *to* April 1, 1957, *that I last saw the deceased alive on* April 1, 1957, *and that death occurred at* 8:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE Edward W. Gilbreath (Degree or title) M.D.

23b. ADDRESS 3701 Crandel Sq

23c. DATE SIGNED 4/3/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Apr. 4, 1957

24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cem.

24d. LOCATION (City, town, or county) (State): St. Louis, County, Mo.

DATE REC'D BY LOCAL REG.: APR 3 '57

REGISTRAR'S SIGNATURE: J. Earl Smith M.D. S.P.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Schumacher's 3013 Meramec St.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Czebrinski
3701 Grandel Sq.
Je 3-4430
1:00 to 3:00

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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis 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.