

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3551  
STATE FILE NUMBER  
351

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 351

300  
-57

|  |                                  |   |   |  |   |
|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>St. Louis</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>01 3442 Potomac St.</b>  |                                  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><b>2678 3442 Potomac St.</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Elba Schilly</b>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Jan. 10, 1958</b>  |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct. 2, 1874</b>   |  | 9. AGE (In years last birthday)<br><b>83</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housekeeping</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Mo St. Genevieve County</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>Alexander Patterson</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><del>Theresa Thornton</del> <b>Theresa Thornton Pullen</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Henry Schilly</b>                          |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>   |   | 17. INFORMANT Address<br><b>Theresa Thornton - 3442 Potomac St.</b>          |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hypertensive cardio vascular disease</b><br><b>with decompensation</b><br><b>Generalized arteriosclerosis</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>443 X</b> |                                  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 wks</b><br><b>5 yrs.</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<br>Hour Month, Day, Year<br>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>Feb 22, 1957</b> to <b>Jan. 10, 1958</b> and last saw her alive on <b>Jan. 10, 1958</b><br>Death occurred at <b>11:45 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |  |   |
| 22a. SIGNATURE<br><i>[Signature]</i> (Degree or title)<br><b>M.D.</b>  |                                  |   | 22b. ADDRESS<br><b>634 N. Grand Blvd.</b>   |  | 22c. DATE SIGNED<br><b>1/13/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                                  | 23b. DATE<br><b>Jan. 14, 1958</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Paul Churchyard</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>    |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>WACKER-HELDERLE-3634 Gravois Ave.</b>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>JAN 13 '58</b>   | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i><br><b>W.B.</b>               |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATE TO BE FILED BY OFFICE

*7-11-58*

All diseases in Part I must be causally related.

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 ..... *Joseph J. Hancock*

Licensed Embalmer No. .... *267*

P. O. Address ..... *2 Lem 7th*

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.