

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 8 1959 77

59-028513

Registration District No. _____ Primary Registration District No. 3016 Registrar's No. 243

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARIES			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO			Length of stay in 1b		c. CITY OR TOWN BRINKTOWN, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARYS HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) FRANCIS HENRY SCHILLER				4. DATE OF DEATH AUG. 28, 1959			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/4/80	
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months 2 Days 25		IF UNDER 24 HR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CATHOLIC PRIEST			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. LOUSS, MO.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME ROBERT SCHILLER			13b. MOTHER'S MAIDEN NAME MARY MUELLER			14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT REV ARTHUR MERSINGER BRINKTOWN, Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arterio-sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH days years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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. Month, Day, Year _____		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 8/24/59 to 8/28/59 and last saw him alive on 8/28/59 Death occurred at 6:09 :#) P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Francis N. Meind M.D.				22b. ADDRESS Jeff City, Mo.		22c. DATE SIGNED 8/31/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/2/59		23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) st. Louis, Mo.	
24. FUNERAL DIRECTOR Sydney Duke ADDRESS J C MO.				25. DATE REGD. BY LOCAL REG. 31 August 1959		26. REGISTRAR'S SIGNATURE R. R. Durbin, M.D. N. Rector	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lybster Smith

Licensed Embalmer No. 4321
P. O. Address Jefferson

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.