

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 781  
 Township..... Primary Registration District No. 1003  
 City St Louis Mo (No. 6140 Oakland Ave (Geocross Hwy)) File No. 31221  
 Registered No. 8027 Ward)

**2. FULL NAME**

Valentine Schilli  
 (a) Residence, No. 3803 Laclede Ave St., 19 Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Schilli

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12<sup>th</sup> 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
60 11 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner of Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 59

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 93

13. NAME Hy Schilli

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Louise Donze

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elvas Lerona

17. INFORMANT (ADDRESS) John P. Schilli

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Peter & Park DATE Sept 16<sup>th</sup> 1933

19. UNDERTAKER (ADDRESS) J. H. Johnson & W. Co.

20. FILED SEP 15 1933 J. P. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13<sup>th</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10<sup>th</sup> 1933, to Sept. 13<sup>th</sup> 1933, 1933

I last saw him alive on Sept 13, 1933. Death is said to have occurred on the date stated above, at 1:05 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis & myocardial Chr + Diabetes Mellitus Date of onset abt 7

Other contributory causes of importance as above

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Ann J. Sweet M. D.  
 (Address) 3620 So 10<sup>th</sup>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 20 1933

