

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

16411
Do not use this space.

REC'D JUN 9 1938

**791
1003**

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City **St. Louis Mo.** (d) Street No. **3417 Minnessotta** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edna Mary Schill **H00**
 (a) Residence, No. **3417 Minnessotta Ave.** St. **16**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Victor Schill**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 4 1900**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
38 **4**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

FATHER 13. NAME **Herman During**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Elizabeth Meegan**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Victor Schill
3417 Minnessotta Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **5-10-38**

19. FUNERAL DIRECTOR (ADDRESS) **Thornville
2906 Gravois Ave.**

20. FILED **MAY 9 1938** **J. P. Bredeek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 8, 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **5:40 P.M.**

The principal cause of death and related causes of importance were as follows:
Becklored of mercury poisoning, well administered at her home; 3417 Minnessotta Ave. About 10:15 P.M. May 9th 1938

Other contributory causes of importance: **163**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide **suicide** Date of injury **5/9, 1938**
 Where did injury occur? **St. Louis Mo.**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury **leak above**
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **4**
 If so, specify **Joseph M. Dorman M.D.**
 (Signed) **Joseph M. Dorman**
 (Address) **Aspery Avenue**

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.

STATEMENT BY LICENSED EMBALMER

I, THOS. KUTIS. Licensed Embalmer No. 1619
hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS. KUTIS
L. E. 1619
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Thos Kutis
Licensed Embalmer No. 1619

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.)