

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

33897
Do not use this space.

DEPT NOV 16 1938

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City ST. LOUIS MO (d) Street No. BARNES HOSPITAL St. 791
 (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.
460

2. PRINT FULL NAME CATHRINE SCHILLER

(a) Residence, No. 4948 TYROLEAN AV. St. 2 (If nonresident, give city or town and State)
 (Usual place of abode; if no street address, write county or city)

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 or (OR) WIFE OF JOHN SCHILLER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 1-1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>52</u>	<u>1</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEKEEPER
 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 PATRICK TOOMEY
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER

15. MAIDEN NAME BRIDGET CROSBY
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT JOHN SCHILLER
 (ADDRESS) 4948 TYROLEAN

18. BURIAL, CREMATION, OR REMOVAL PLACE SUNSET BURIAL PK, Oct 12 1938

19. FUNERAL DIRECTOR E. J. Schmur
 (ADDRESS) 3125 Lafayette av
W. Bredeck
 Local Registrar.

20. FILED OCT 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10 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 5:30 AM

The principal cause of death and related causes of importance were as follows:
Sodium Hydroxic Poisoning (Lye) Date of onset

TIME, CAUSE AND MANNER COULD NOT BE DETERMINED

Other contributory causes of importance
Open Verdict

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? Open Date of injury 19.....
 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 See above
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) Dr. M. J. ...
 (Address) ...

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, Joe B. Vollmer, Licensed Embalmer No. 4014

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Joe B. Vollmer
Licensed Embalmer No. 4014

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.)