

1939 AUG 10

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

Do not use this space.

25551

1. PLACE OF DEATH

County Franklin

Registration District No. 286

Township

Primary Registration District No. 4180

City Union (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Ida Juliana Amalie Schiller

(a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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 Charles T. Schiller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 24 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 4 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Union Mo.

13. NAME H. E. G. Mantles

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

15. MAIDEN NAME Marie Arensman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Edna Weidhardt (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Union Mo. DATE 7/5 1939

19. UNDERTAKER E. H. Oltmann (ADDRESS) _____

20. FILED 7/5 1939 Lawson T. Howard Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd 1939

22. I HEREBY CERTIFY That I attended deceased from 8-1 1938, to 7-2 1939

I last saw her alive on 7-1 1939. Death is said to have occurred on the date stated above, at 7 a.m.

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

Myocarditis Date of onset _____

Other contributory causes of importance: Nephritis chron. Hypertension

Cor. sclerosis - Angina pectoris

Name of operation None Date of _____

What test confirmed diagnosis? A. V. L. C. A. I. Was there an autopsy? No.

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

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____ (Signed) Dr. Lenny M. D.

(Address) Union Mo

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.

