DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41297

Registration District No. 791 1066

Primary Registration District No.

Registrar's No. 10420

1. PLACE OF DEATH:

(a) County: 1

(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Brothers Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks. (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis, Missouri 1 (If outside city or town limits, write "RURAL")

(d) Street No. 4101 Alma ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Fred C. Schillig 426

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lily Schillig

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May (Month) 24 (Day) 1863 (Year)

8. AGE: Years 76 Months 6 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Baker

11. Industry or business Retired

FATHER 12. Name Christian Schillig 1

13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name Henrietta Meyer

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Lily Schillig

(b) Address 4101 Alma ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Bunker Hill, Illinois

18. (a) Signature of funeral director C. Hoffmeister Mgr.

(b) Address 7814 S. Broadway

19. (a) DEC 5 1939 (Date received local registrar) (b) J. F. Beckish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 year 1939 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Oct 8-1939, 19 39 to Dec 2, 19 39 and that death occurred on the date and hour stated above.

that I last saw him alive on Dec 2, 19 39

Immediate cause of death Chronic myocarditis

Due to Chronic nephritis

Due to Diabetes mell.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature Albert J. Grist (M. D. or other)

Address 3109 S. Grand Blvd. Date signed 12/7/39

(Licensed Embalmer's Statement on Reverse Side)

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.

Proof of Death

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Linus C. Hoffmeiste

Licensed Embalmer No. 387

P. O. Address 7814 S Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.