

No. 2  
-13-40  
-17-39  
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8834

791

1003

State File No.

Registrar's No.

2244

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution Missouri Baptist Hosp.  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME August Schilly

3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Philoemia Schilly 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased November 29 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 3 8 hr. min.

9. Birthplace Ste. Genevieve Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name August Schilly

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

14. Maiden name Mary Jornerst

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

16. (a) Informant Mrs. J. W. Miller

(b) Address 10244 Drivers Overland, Mo.

17. (a) Removal (b) Date thereof 3/10/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomsdale, Mo.

18. (a) Signature of funeral director Louis Hopp Inc.

(b) Address 131 W. Argonne Dr Kirkwood Mo

19. (a) MAR 11 1941 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve  
(c) City or town Bloomsdale  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7  
year 1941 hour 11:55 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3/1/41  
19\_\_\_\_ to 3/7/41 19\_\_\_\_  
that I last saw him alive on 3/6/41 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 2 days

Due to Uremia

Due to Cardiovascular Renal Disease

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy none

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? ✓

While at work? ✓ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Chas W Miller M. D. or other \_\_\_\_\_  
Address 408 Humboldt Ave Date signed 3/9/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0  
7  
9

2244

2244

**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.....

*John M. Meyer*

Licensed Embalmer No.....

3288

P. O. Address.....

549 W. Adams Ave  
Erlwood, Mo

**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.)**

**If this body is not embalmed, fact should be so stated above.**