

No. 2
-13-40
17-39
K 23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

8851
2261

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No.

079
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 5725 Chamberlain
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME John Dilschneider

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

4. Sex male
5. Color Wk
6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Catherine
6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 27 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 12
If less than one day hr. min.

9. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

10. Usual occupation General Contractor

11. Industry or business

12. Name Matthias Dilschneider

13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Paten

15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Dilschneider
(b) Address 5725 Chamberlain

17. (a) Burial (b) Date thereof 3-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Chas. F. Sturgis
(b) Address 1225 Union Blvd

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 005
(c) City or town St. Louis 17
(d) Street No. 5725 Chamberlain
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 9
year 1941 hour 8 minute 17
M. A. M.

21. I hereby certify that I attended the deceased from Oct 23 1940
to March 9 1941
that I last saw him alive on March 7 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer on a prostate gland
and a bladder urinary

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 51

Major findings:
Of operations
Of autopsy

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

While at work? (Specify type of place) (a) Means of injury

23. Signature W. T. Thomsen
Address 984 Union Blvd Date signed 3/10/41

14 2:30
Amanda B. Bely
D

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 *Ray W. Wilkinson*

Licensed Embalmer No. 3575

P. O. Address.....

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.