

No. 2
4-13-40
5-17-39
P1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11928

State File No. _____

APR 9 1941

Registration District No. 84

Primary Registration District No. 100

Registrar's No. 580

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Bellefontaine
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 17 years

3. (a) PRINT FULL NAME August C. Schiller

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Katherine Schiller

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased January 5, 1869
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------------|
| Years | Months | Days | If less than one day |
| <u>72</u> | <u>2</u> | <u>9</u> | <u>1</u> hr. <u>7</u> min. |

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

10. Usual occupation Farmer

11. Industry or business Own farm

MOTHER FATHER

12. Name John Schiller

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

14. Maiden name Herrstedt Gruntz

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

16. (a) Informant Katherine Schiller

(b) Address Chesterfield, Mo. R. # 2

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 3/16/41
(Month) (Day) (Year)

(c) Place: burial or cremation Cumbo Cem., Cumbo, Mo.

18. (a) Signature of funeral director Salvador V. Hunt, M.D.

(b) Address Baldwin, Mo.

19. (a) MAP 16 1941
(Date of next local registration)

(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Bellefontaine
(If outside city or town limits, write "RURAL")

(d) Street No. Boater & Olive St. Roads
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14, year 1941 hour 12 minute 15 a.m.

21. I hereby certify that I attended the deceased from March 3-1941, 1941, to March 14th, 1941, that I last saw him alive on March 13th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to age

Due to 97

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

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 _____

23. Signature [Signature] (M. D. or other) D

Address [Signature] Date signed 3-14-41

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 *Thos Schrader*
Licensed Embalmer No. *3066*
P. O. Address *Baltimore, Md*

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.