

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2281

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 15 years

3. (a) PRINT FULL NAME William Schiller

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Myrtle

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Mar. 25th. 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	7	16	hr. min.

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

10. Usual occupation Baker

11. Industry or business

12. Name Wm. Schiller

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

14. Maiden name Mary Schiller

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

16. (a) Informant Mrs. Myrtle Schiller

(b) Address 1051 Kuhlman Lane

17. (a) Burial (b) Date thereof Nov. 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Myrtle General Home

(b) Address Webster Grand Ho

19. (a) NOV 12 1941 (b) J. Mc Gowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1051 Kuhlman Lane
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 34 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th., year 1941 hour 4 minute 50 a.m.

21. I hereby certify that I attended the deceased from Oct. 31, 1941, to Nov. 11, 1941, that I last saw him alive on Nov. 10, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis - 11 days

Due to 61

Other conditions cerebral embolus - 5 days
(Include pregnancy within 3 months of death)

Major findings: Coronary Thrombosis
Of operations Cerebral embolus

Of autopsy

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) (e) Means of injury

23. Signature J. Volmer (M. D. certifying) MS
Address 55 W. Big Bend Bl. Date signed

Duration

11 days

5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Welford H. Burnley*
Licensed Embalmer No. *4202*

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.