

DEC 22 1941
791

1003
Primary Registration District No.

State File No. _____
Registrar's No. 9303

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FAITH HOSPITAL 2801 N. TAYLOR. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME CHARLOTTE SCHILLING.

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased JUNE 29 1900
(Month) (Day) (Year)

8. AGE: Years 41 Months 4 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER
12. Name BEN BROWN
13. Birthplace ST LOUIS MO 0
(City, town, or county) (State or foreign country)
14. Maiden name HELEN FOLEY
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph C. Schilling

(b) Address 50475 Winona

17. (a) BURIAL (b) Date thereof NOV. 25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANVARY. B.F.M.

18. (a) Signature of funeral director Dr. B. Imahri, Jr.

(b) Address 7128 Michigan Ave

19. (a) NOV 24 1941 (Date received local registrar) (b) J. J. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 50475 WINONA
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 22
year 1941 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 16
1941 to Mar. 22 1941
that I last saw him alive on Mar. 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction Duration 24 hours

Due to Diabetes Mellitus

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 6/1
Of autopsy 5/9

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 Ed. J. Rep. Lead (M. D. or other) _____
Address 50475 Winona Date signed Nov 24 1941

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

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 *Harry J. Schumaker*
Licensed Embalmer No. *2679*
P. O. Address *732 Lemay*

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.