

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28105

State File No. _____

Registration District No. 316

FILED SEP 11 1942

Primary Registration District No. 30761

Registrar's No. 27

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River, Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town St. Francois Flat River, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Simon H. Schilling
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 10
year 1942 hour 7 minute 30 P.
21. I hereby certify that I attended the deceased from 7
8 1942 to 8-10 1942
that I last saw him alive on 8-10 1942
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Regina Hobelmann
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 19 1863
(Month) (Day) (Year)

Immediate cause of death Myocardial Arterio-sclerosis
Senility
Due to _____
Due to _____

8. AGE: Years 78 Months 7 Days 21
If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) 938
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Warren Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

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 _____

11. Industry or business _____
12. Name Mr. Ernest Schilling
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Regina Hobelmann
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

23. Signature O. B. Farrar (M. D., coroner)
Address Flat River Mo Date signed 8/11/42

16. (a) Informant Ms. Frank Neekerman (daughter)
(b) Address Flat River, Mo.
17. (a) Burial (b) Date thereof Aug. 12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove - Booneville, Mo.
18. (a) Signature of funeral director Alvin W. Hood
(b) Address 303 Crow St Flat River Mo.
19. (a) Aug. 11, 1942 (b) Byrdie B. Bismuth
(Date received local registrar) (Registrar's signature)

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

94
5
2

94

2

1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 941-1112
Date Filed 9-3-72

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 Alvin W. Hood
Licensed Embalmer No. 2780
P. O. Address 303 Cass St Flat P Irving

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.