

FILED DEC 29 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10566

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

3. (a) PRINT FULL NAME Minnie Schillinger
3. (b) If veteran, name war.....
3. (c) Social Security No. 355-033-77

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 3rd 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>8</u>	<u>14</u>	hr. min.

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

10. Usual occupation Private Secretary

11. Industry or business L. R. Flori Pipe Co.

MOTHER FATHER

12. Name John Schillinger
13. Birthplace Chouteau Township, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Homert
15. Birthplace Chouteau Township, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant John Schillinger
(b) Address Nameoki, Ill.

17. (a) Removal (b) Date thereof 12-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granite City, Ill.

18. (a) Signature of funeral director E. H. Schildmann
(b) Address Granite City, Ill.

19. (a) DEC 29 1942 (b) J. F. Prebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Nameoki
(If outside city or town limits, write "RURAL")
(d) Street No. 3822 Nameoki Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1942 hour 3 minute 30 a. m.

21. I hereby certify that I attended the deceased from Dec 11, 1942, to Dec 17, 1942; that I last saw her alive on Dec 17, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Pyelonephritis, left kidney stone, left Calcified Bladder
Other conditions Pulmonary Tuberculosis, bilateral
(Include pregnancy within 3 months of death)

Duration
<u>2 wks.</u>
<u>2 yrs</u>
<u>2 yrs</u>
<u>5 yrs</u>

Major findings: Tuberculosis of rt. kidney (Nephrectomy 1937)
Of autopsy none performed

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

23. Signature Anne C. Tompkins (M. D. or other)
Address BARNES HOSPITAL Date signed 12-17-42

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

B

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 *E. N. Schildmann*.....

Licensed Embalmer No. *480*.....

P. O. Address *Granite City, Ill.*.....

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.