

SEP 3 1943
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 7638

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Municipal Opera - Forest Park
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL") N.R.
(d) Street No. 7730 Davis Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OSCAR A. SCHILLING
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ann Dean Schilling
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 13 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 10 hr. _____ min.

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

10. Usual occupation District Representative

11. Industry or business Erie Forge Co.,

MOTHER FATHER { 12. Name Ernst Schilling
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ann Schilling
(b) Address 7730 Davis Dr. Clayton, Mo.

17. (a) Burial (b) Date thereof 8-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.

19. (a) Aug 25 1943 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Aug 23rd
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 10, 1943 to Aug 23rd, 1943
that I last saw him alive on Aug 20th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cornary Arteriosclerosis 5 Min.
Due to _____
Cornary Sclerosis 5 Yrs.
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
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)
(or) Means of Injury _____
23. Signature J. F. Bredeek (M. D. or other) _____
Address 401 Humboldt Ave Date signed 8/24/43

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

Aug 30 1943

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 *John M. Freyer*
Licensed Embalmer No. *3288*
P. O. Address: *Kirkwood, Mo.*

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.