

S. No. 2  
M-2-43  
5-17-39  
PI X39567

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3689E**

FILED NOV 20 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **9936**

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:  
**Luthern Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 days** (Specify whether  
In this community \_\_\_\_\_ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **4143 Castleman Ave.** (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 **11**  
year **1943** hour **11** minute **15** P.M.

21. I hereby certify that I attended the deceased from **November 5, 1943** to **November 11, 1943**  
that I last saw him **alive** on **November 11, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **7 days**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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 **H. Louis Schuchat** (M. D. or other)  
Address **2200 Chestnut Ave.** Date signed **11-12-43**

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Elizabeth Schiller**

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 **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **March 18, 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**72 7 23** hr. \_\_\_\_\_ min.

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

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **Robert Schiller**

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

14. Maiden name **Mary Mueller**

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

16. (a) Informant **Miss MARY Schiller**

(b) Address **4143 CASTLEMAN**

17. (a) **Burial** (b) Date thereof **Nov. 15, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS Peter and Paul**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 S. Grand Bl.**

19. (a) **NOV 13 1943** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

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

*Mr. Schuchert*

*No 5053*  
*2200 Chouette*

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**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 *Jerry A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**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.**