

FILED DEC 13 1943 318
Registration District No. _____

Primary Registration District No. **1003**

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: St. Anthony's Hospital
(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. County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL")
(c) Street No. 4922 Devonshire Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOUISE MARIE SCHILLING

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. 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 _____ years

7. Birth date of deceased March 7th - 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 8 25 hr. min.

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

10. Usual occupation Clerk

11. Industry or business Butter Brog.

12. Name John F. Schilling

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eugenie Geran

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mathilda Schilling

(b) Address 4922 Devonshire Ave.

17. (a) Burial (b) Date thereof 12-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter Paul

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) DEC 4 1943 (b) J. F. Busch
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st
year 1943 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from July 19, 1943 to Dec. 21, 1943
that I last saw E.F. alive on Dec 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung with metastasis to Brain (multiple)
Duration 6 or 7 mos.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None PHYSICIAN _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide, (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None
(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 R. V. Porel (M. D. _____)
Address 3720 Washington Date signed 12-3-43

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

MOTHER FATHER

Dr. F.B. Powell
Bourneville Bldg 1-4

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 Richard W. Howard
Licensed Embalmer No 4007
P. O. Address.....

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.