No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3058

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 100

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 St. Lukes Hospital
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town Chicago
(If outside city or town limits, write "RURAL")
(d) Street No. Georgian Hotel.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARIE SCHOFIELD.
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 Widowed
6. (b) Name of husband or wife Henry Schofield.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 1 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
73	11	3	hr. min.

9. Birthplace Chicago, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Francis Stehlin.
13. Birthplace France. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Haab
15. Birthplace France (City, town, or county) (State or foreign country)
16. (a) Informant Howard J. Mullin.
(b) Address 430 W. Swon., Webster Groves, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago, Illinois
18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.,
19. (a) JAN 5 1948 (Date received local registrar) (b) J. F. Breed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th year 1948 hour 11 minute 31 A.M.
21. I hereby certify that I attended the deceased from Dec. 26, 1947 12-26- 1947, to January 4, 1948 that I last saw her alive on January 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diffuse Carcinomatosis	Over 2 months
Due to Carcinoma of the Sigmoid Colon	
Due to	
Other conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of sigmoid colon with metastases throughout the peritoneal cavity and to the liver.
Of autopsy Confirmed above findings

PHYSICIAN Underline the cause of 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? (Specify type of place)
While at work? Means of injury
23. Signature David M. Shelling (M. D. or other) M.D.
Address 4500 Olive Street Date signed 1-5-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4952 Maryland RO 6585

DrDavid M. Skilling. 610 Berry St. NE 36 79
4500 Olive FO 3800
2 3/0 Rm.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.