

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22379

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1544

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY	
d. CITY (If outside corporate limits, write RURAL and give town) Olivette		c. CITY (If outside corporate limits, write RURAL and give township) New Athens	
c. LENGTH OF STAY (in this place) 8 days		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION 170 Stoneleigh Towers		d. STREET ADDRESS (If rural, give location) Christmans Lodge 8	

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) c. (Last) Schilling			4. DATE OF DEATH (Month) (Day) (Year) June 22nd, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 27th, 1877		9. AGE (In years last birthday) 73 IF UNDER 1 YEAR: Months 3, Days 25 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Nicholas Schilling		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Late Elizabeth Schilling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Schilling, 3123 a Clay Avenue	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Myocardial degeneration			12 mos.
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis (General) 5-6 yrs.			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last:		DUE TO (c) Rheumatoid Arthritis 20 yrs.			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
422.1					

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-9-1950 to 6-13-1950, that I last saw the deceased alive on 6-13-1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bernard Braun		23b. ADDRESS 204 N. Johnson		23c. DATE SIGNED 6-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/24/50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Bl.			
DATE REC'D BY LOCAL REG. JUN 23 1950		REGISTRAR'S SIGNATURE Herbert L. ...			

(Licensed Embalmer's Statement on Reverse Side)

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

Missouri (for Center)

No. 300
12
10-48

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Ralph C. Linders

Licensed Embalmer No. *7225*

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.