

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6620
936

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2019			
d. FULL NAME OF HOSPITAL OR INSTITUTION: 8421 S. Broadway				d. STREET ADDRESS (If rural, give location) 8421 S. Broadway				0	
3. NAME OF DECEASED (Type or Print)		a. (First) Marie C.		b. (Middle) Schillinger		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 9, 1900		9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 WKS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME John Ruprecht			13b. MOTHER'S MAIDEN NAME Gertrude Huismann			14. NAME OF HUSBAND OR WIFE Harry A. Schillinger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Harry A. Schillinger		ADDRESS 8421 S. Brdy.			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery disease				INTERVAL BETWEEN ONSET AND DEATH 6 mos	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease 5 yrs					
				DUE TO (c) Thyrototoxicosis 8 yrs					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION 1947		19b. MAJOR FINDINGS OF OPERATION Simple thyroid.						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 7:15 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 252.0					
22. I hereby certify that I attended the deceased from Jan. 10, 1951 , to Jan 28, 1951 , that I last saw the deceased alive on January 28, 1951 , and that death occurred at 10 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE George A. O'Sullivan, M.D. (Degree or title)				23b. ADDRESS 421 W. Schurmer		23c. DATE SIGNED 1-29-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-31-51	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.		24d. LOCATION (City, town, or county) Lemay Missouri (State) _____				
DATE REC'D BY LOCAL REG. JAN 30 1951		REGISTRAR'S SIGNATURE J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blvd.		

Dr. Geo. A. O'Sullivan
421 Schimmer
Bl. 1242

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *David Van Fossen*

Licensed Embalmer No. *4242*

P. O. Address *6822 S. Linden*

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.