

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25227**
Registrar's No. **6958**

FILED AUG 15 1951

318

1002

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1002		Registrar's No. 6958	
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 township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2169		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3949 MIAMI			d. STREET ADDRESS (If rural, give location) 3949 MIAMI				
3. NAME OF DECEASED a. (First) MAGDALENA b. (Middle) _____ c. (Last) SCHILLING			4. DATE OF DEATH (Month) (Day) (Year) AUG. 1 1951				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Nov. 30 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) HUNGARY		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME JOHN JOCHUM		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JACOB SCHILLING (DECEASED)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELIZ. MESSMANN 3949 MIAMI					
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) Terminal Bronchopneumonia ANTECEDENT CAUSES Chronic Bronchitis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aspirated Sealed DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH ?						
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H570						
22. I hereby certify that I attended the deceased from July 15, 1951 , to Aug 1, 1951 , that I last saw the deceased alive on Aug 1, 1951 , and that death occurred at 11 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE M. Schilling (Degree or title) _____			23b. ADDRESS 4124 E. 24th		23c. DATE SIGNED 8/3/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 4 1951	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
DATE RECD BY LOCAL REG. AUG 3 1951	REGISTRAR'S SIGNATURE J. B. Lanter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Rutie 2906 Gravois				

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

Nov 14 56
3838 Federal
J. E. R. M.

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 James C. Rice

Licensed Embalmer No. 43479

P. O. Address 2906 Nevada

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.