No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 6 1952

State File No. 18500

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4645

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (in this place): 8 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis 2079
d. STREET ADDRESS (If rural, give location): 4858 Bessie Avenue, 15 8

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): J.
c. (Last): Schillinger

4. DATE OF DEATH (Month) (Day) (Year): May 17th, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept. 9th, 1885
9. AGE (In years last birthday): 66 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Claim Agent
10b. KIND OF BUSINESS OR INDUSTRY: Wabash RR. Co.
11. BIRTHPLACE (City and State or Foreign Country): Saint Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frederick Schillinger
13b. MOTHER'S MAIDEN NAME: Carrie Neudecker
14. NAME OF HUSBAND OR WIFE: Nell Schillinger nee Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Nell Schillinger, 4858 Bessie 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

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 ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 3/3/1/XX

22. *I hereby certify that I attended the deceased from* Aug, 1950, *to* May 17, 1952, *that I last saw the deceased alive on* 17 May, 1952, *and that death occurred at* 11:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis T. Pulzaneski MD 0
23b. ADDRESS: 634 N. Grand
23c. DATE SIGNED: 5/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 5/20/52
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: MAY 20 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD MKB
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Calvin F. Feutz, 4828 Natural Bridge Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Fr. 5588

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. 4275

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.