

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23138
State File No. 5455

FILED MIN 20 1953 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5455

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5809 Itaska St.</u>		e. STREET ADDRESS (If rural, give location) <u>14 5809 Itaska St.</u>	
3. NAME OF DECEASED (Type or Print) <u>MATTHEW</u>		a. (First)	b. (Middle)
		c. (Last) <u>SCHILLA</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Jan. 30, 1876</u>	
9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR Months	
		11. UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Conductor-III</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cent. R.R.Co.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Clemens, Michigan</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Unknown Schilla</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Czizik</u>	
14. NAME OF HUSBAND OR WIFE <u>Late Iva Schilla</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hazel Sack</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. ADDRESS <u>5809 Itaska St.</u>	
MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		<u>6 hours</u>	
ANTECEDENT CAUSES			
DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>		<u>8 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>331x</u>			
22. I hereby certify that I attended the deceased from <u>Mar. 20, 1950</u> , to <u>May 30, 1953</u> , that I last saw the deceased alive on <u>May 25, 1953</u> and that death occurred at <u>1:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William H. Grundmann MD</u>		23b. ADDRESS <u>3118 N. Grand Bl. St. Louis</u>	
23c. DATE SIGNED <u>6/1/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u>		24b. DATE <u>Jun. 2, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Carbondale, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 1 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>		ADDRESS <u>4228 S. Kingshighway Bl.</u>	

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

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.....
Signature of Student Embalmer

Signed.....
Edurn A. M. Hernandez

Licensed Embalmer No..... *312*

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.