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

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24787

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 157

1. PLACE OF DEATH
a. COUNTY: St. Louis,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights,
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri,
b. COUNTY:
c. CITY OR TOWN: St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 4321 So. Compton Ave., 215

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): K.
c. (Last): Schilly,

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1955.

5. SEX: Female.
6. COLOR OR RACE: White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed,
8. DATE OF BIRTH: March 14, 1871
9. AGE (In years last birthday): 84 — 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): At Home,
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri,
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Michael Zeller,
13b. MOTHER'S MAIDEN NAME: Elizabeth Schneider,
14. NAME OF HUSBAND OR WIFE: Adolph M. Schilly,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Amedee A. Schilly, 4321 So. Compton Ave.,

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) arteriosclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. adeno carcinoma of body of uterus

19a. DATE OF OPERATION: 7/20/50
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Uterus complete Hysterectomy 4200
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): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1954, 19__, *to* July 29, 1955, *that I last saw the deceased alive on* July 29, 1955, *and that death occurred at* 7:55 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max Starkloff MD
23b. ADDRESS: 5718 Delmar Blvd
23c. DATE SIGNED: 7/30/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial,
24b. DATE: 8/2/55
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery,
24d. LOCATION (City, town, or county) (State): Lemay, 23, Missouri,

DATE REC'D BY LOCAL REG.: 7/31/55
REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by .....me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Loron E. Percy

Licensed Embalmer No. 40

2842 Meramec

P. O. Address St. Louis, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.