

**SOURCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-011552**  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3122**

AMENDED

**FILED APR 14 1961**

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> , b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4629 Tennessee Ave.,</b>		d. STREET ADDRESS (If outside, give location) <b>4629 Tennessee Ave.,</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle Last <b>Schylling</b>			4. DATE OF DEATH Month <b>April</b> Day <b>1</b> Year <b>1961</b>		
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5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/12/1890</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 Year Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Worker,</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 2 Years,</b>	11. BIRTHPLACE (City and state or country) <b>Poland,</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Victor Schylling,</b>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>Clara J. Schylling,</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	17. INFORMANT Address <b>Clara J. Schylling, 4629 Tennessee Ave.,</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>
IMMEDIATE CAUSE (a) <b>Cardiac Failure</b>		
DUE TO (b) <b>Coronary artery Disease</b>		
DUE TO (c) <b>Arteriosclerotic C.V.R. Dis</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition stated in PART I (a) <b>Prostatic Hypertrophia</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4201</b>
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **March 1959** **April 1-61** and last saw <sup>her</sup>him alive on **3-30-61**  
Death occurred at **10:25 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Charles A. Hester M.D.</b>	22b. ADDRESS <b>2605 S. Conston</b>	22c. DATE SIGNED <b>4-3-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal.</b>	23b. DATE <b>4/5/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery,</b>	23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>	(State)
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24. FUNERAL DIRECTOR <b>Gebken-Benz Mortuary,</b>	ADDRESS <b>2842 Meramec St.,</b>	25. DATE RECD. BY LOCAL REG. <b>APR 3 1961</b>	26. REGISTRAR'S SIGNATURE <b>Loard Smith M.D.</b>
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SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 10 1967

**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 ME Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Joe S. Benz

Licensed Embalmer No. 4249

2842 Meramec St.,  
P. O. Address St. Louis, 18, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.