

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027854

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1917

AMENDED

DATE OF DEATH 1961

a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City Length of stay in 1b years

c. CITY OR TOWN University City Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1292 Pennsylvania Ave. Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 1292 Pennsylvania Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
CHARLES SCHILLER

4. DATE OF DEATH Month Day Year  
July 9, 1961

5. SEX Male

6. COLOR OR RACE White

7. Married  Never Married   
Widowed  Divorced

8. DATE OF BIRTH 3-1-1900

9. AGE (last birthday) 61  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired-Machine Oper.

10b. KIND OF BUSINESS OR INDUSTRY  
Machine Shop

11. BIRTHPLACE (City and state or country)  
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME  
Ignatz Schiller

13b. MOTHER'S MAIDEN NAME  
Marie

14. NAME OF HUSBAND OR WIFE  
Frances J. Schiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

17. INFORMANT Address  
Frances J. Schiller, 1292 Pennsylvania Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Uremia  
DUE TO (b) Nephrosclerosis  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH  
2 mos  
4 mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE   
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
1954

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
present

21. I attended the deceased from 1954 to present and last saw him alive on July 6 '61  
Death occurred 2:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
R. P. Bald MD

22b. ADDRESS  
Northland Bldg STL 2

22c. DATE SIGNED  
7/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
July 12, 1961

23c. NAME OF CEMETERY OR CREMATORY  
Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State)  
St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS  
Morrell Funeral Home  
3710 No. Grand Blvd.

25. DATE RECD. BY LOCAL REG.  
7-10-61

26. REGISTRAR'S SIGNATURE  
John C. Murphy MD

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

**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 Lorox E. Percy

Licensed Embalmer No. 4094

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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