

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

B 7 939

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7860
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township 1 Primary Registration District No. 200
(c) City Wentz Ph (d) Street No. 8017 Springdale Ave. Registered No. 220
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lelia Jane Schillinger.

(a) Residence, No. 8017 Springdale Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Schillinger.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2, 1970
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 1 3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1937, to Feb 5, 1939
I last saw her alive on Feb 5, 1939. Death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance:
Primary Carcinoma of Brain 5 3/4" ?
myocarditis (Chronic) ?
Date of onset

12. BIRTHPLACE (CITY OR TOWN) Butler,
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME Elias O'Rear.
14. BIRTHPLACE (CITY OR TOWN) 1
(STATE OR COUNTRY) Kentucky.

MOTHER 15. MAIDEN NAME Lutitia Brannock.
16. BIRTHPLACE (CITY OR TOWN) 1
(STATE OR COUNTRY) Indiana.

17. INFORMANT Mr. Harry Schillinger.
(ADDRESS) 8017 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Feb. 8, 1939.

19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc.
(ADDRESS) 5966 Easton Ave.

20. FILED FEB 7 1939
P. A. Meyer
Local Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? Path. Exam. Was there an autopsy? No.
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify _____
(Signed) L. W. Hueland, M. D.
(Address) 8105 Page Blvd.

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, 3454

David C. Gibson, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

David C. Gibson

Licensed Embalmer No. 3454

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, above space should be left blank.

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