

National Office of Vital Statistics
FILED MAR 10 1948

Registration District No. **316**

Primary Registration District No. **6075**

Registrar's No. **68**

1. PLACE OF DEATH:

(a) County: **St. Francois**

(b) City or town: **rural (St. Francois Twp)**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: **lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **St. Francois**

(c) City or town: **rural (St. Francois)**
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: **Joseph Schilling**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: **M**

5. Color or race: **W**

6. (a) Single, widowed, married, divorced: **M**

6. (b) Name of husband or wife: **Blanche McCormack**

6. (c) Age of husband or wife if alive: **68** years

7. Birth date of deceased: **Mar. 10, 1877**
(Month) (Day) (Year)

8. AGE: **70** Years **9** Months **23** Days
If less than one day .hr. .min.

9. Birthplace: **St. Francois County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **farmer**

11. Industry or business:

12. Name: **Geo. Schilling**

13. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name: **Louise Carron**

15. Birthplace: **St. Francois County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Joseph Schilling**

(b) Address: **Farmington, Mo.**

17. (a) **b** (b) Date thereof: **3-5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Old Calvary**

18. (a) Signature of funeral director: **C. H. Cozean**

(b) Address: **Farmington, Mo.**

19. (a) **3-4-48** (b) **Ether Rudloff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3**
year **1948** hour **6** minute **45** AM

21. I hereby certify that I attended the deceased from **1-6, 1948** to **March 3, 1948**
that I last saw him alive on **March 3, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**

Duration: **12 hrs.**

Due to: **Hypertensive Cardiovascular Disease?**

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autops:

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: **F. Richard Couch** (M. D. or other) **MD**
Address: **Farmington Mo** Date signed: **3-3-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 348-330
Date Filed 3-9-48

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

Signed.....

C. H. Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington, 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, fact should be so stated above.