

REC'D SEP 12 1938

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

26815
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. En route City Hosp #1 Registered No. 6829 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

(a) Residence, No. Roy Stillford Sr. 341 St. 23 22
900 So. 4th St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mammie Stillford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (unknown) 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER 13. NAME Andrew Stillford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Roy Stillford Jr.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cemetery DATE 8-13

19. FUNERAL DIRECTOR (ADDRESS) Mullen Bros.

20. FILED AUG 1, 1938 J. B. Buddeck Local Registrar.

NO MEDICAL ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/30/38 19

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw him..... alive on..... Death is said to have occurred on the date stated above, at 2:50 A.M. m.

The principal cause of death and related causes of importance were as follows:

Aortic Aneurism;
Chronic Ulceration and gangrenous aortitis from ruptured aortic aneurysm.

Other contributory causes of importance:

Name of operation 96 Date of.....
What test confirmed diagnosis?..... Was there an autopsy yes

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) Alfred Perry M. D.

(Address) Alfred Perry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *Thomas R Fenwick*

Licensed Embalmer No. *3793*

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.)