

FEB 9 1938

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

3376  
Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 651  
(b) Township \_\_\_\_\_ Primary Registration District No. 4388 Registered No. 14  
(c) City Caruthersville (d) Street No. \_\_\_\_\_  
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 340 Thomas Kinchen Stille St.  (If nonresident, give city or town and State)  
1409 W. 2nd Ave. (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josie Stille  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1864  
7. AGE YEARS 74 MONTHS 2 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 19 - 1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1938, to Jan. 19, 1939  
I last saw him alive on Jan. 17, 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:

Endocarditis, chronic.

Date of onset  
92 W

Other contributory causes of importance:  
Rheumatism, chronic articular.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry County Illinois  
13. NAME Thomas Stille  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois  
15. MAIDEN NAME (unknown) Nassau  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois  
17. INFORMANT (ADDRESS) Thomas K. Stille Jr. Caruthersville, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville Mo. DATE 1/20/39  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) The Large and Co Caruthersville, Mo  
20. FILED Jan. 21, 1939 Ada Martin Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) G. W. Phlips M.D.  
(Address) Caruthersville, Mo

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

RECEIVED

District Health Officer

District File Number 39-

Date Filed 2-7-3

**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, .....

Not Embalmed .....

or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**