

43345 ✓

State File No. _____

FILED DEC 27 1943

Registration District No. 27

Primary Registration District No. 3066

Registrar's No. 2855

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
117 West Woodbine Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Ten Years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 117 West Woodbine Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT Alva J. Stilson
FULL NAME

3. (b) If veteran, No name war _____ 3. (c) Social Security No. 493-09-3076

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Judd Stilson 6. (c) Age of husband or wife if alive ey 36 years
7. Birth date of deceased Jan. 3 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 11 15 hr. _____ min.

9. Birthplace Ithica N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Dep't Manager

11. Industry or business Dry Goods, Butler Bros

MOTHER FATHER { 12. Name Joy Whitney Stilson
13. Birthplace Groton N.Y.
(City, town, or county) (State or foreign country)
14. Maiden name Bertha Amelia Horman
15. Birthplace Cortland N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Judd Stilson
(b) Address 117 West Woodbine Ave

17. (a) Burial (b) Date thereof 12/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director MITTELBERG FUNERAL HOME
(b) Address W. W. MITTELBERG, MO.

19. (a) DEC 22 1943 (b) [Signature]
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1943 hour 2 minute 20 p. m.

21. I hereby certify that I attended the deceased from 12-1-43
1943 to 12-18- 1943
that I last saw him alive on 12-17- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation Duration 1 day
Due to Chronic Myocarditis 1 yr.
Due to Hypertension 2 yrs.
Other conditions Bilateral Blindness 1 yr.
(Include pregnancy within 3 months of death) Diabetes Mellitus 2 yrs.
Major findings: PHYSICIAN
Of operations _____
Of autopsy 61
Underline the cause to 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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Inc. _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
Signature [Signature] (M. D. or other) [Signature]
Address Kirkwood, Mo Date signed 12/20/43

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

5461 1 & 7002
JUN 31 1945

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

John M. Meyer

Licensed Embalmer No.

3288

P. O. Address

Werkwood, 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.