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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1027

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 905

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2628a Osage
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2628a Osage St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Stiller

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 490-05-1112

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eleanore

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Jan. (Month) 1 (Day) 1892 (Year)

8. AGE: Years 52 Months 0 Days 26 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country)

10. Usual occupation Electric Emerson Opr.

11. Industry or business Machinist

FATHER
12. Name Jacob Stiller
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Kuhl
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Leona E. Stiller
(b) Address 2628a Osage St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery, Jefferson Barracks, Mo.

18. (a) Signature of funeral director Wacker-Helderle Wk. Co.
(b) Address 3634 Gravois

19. (a) JAN 29 1944 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1944 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 27-44, 19 to Jan 27, 1944 that I last saw him alive on Jan 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Chr. Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: years

PHYSICIAN
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? (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 Dr. Leo P. Young (M. D. or other)

Address 2621 S. Jefferson Date signed 1/28/44

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Hyland

Licensed Embalmer No. 6745

P. O. Address Meridian

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.