

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32217**

BIRTH NO. #100468

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **8445**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>MO</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>		d. STREET ADDRESS (If rural, give location) <b>1113 Montgomery St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mae</b> b. (Middle) c. (Last) <b>Stilley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 29th, 1949</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 7th 1908.</b>
9. AGE (In years last birthday) <b>41</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Perryville, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>0</b>		13a. FATHER'S NAME <b>James Black</b>	13b. MOTHER'S MAIDEN NAME <b>Helena Dean</b>
14. NAME OF HUSBAND OR WIFE <b>Orville Stilley</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>	16. SOCIAL SECURITY NO. <b>11:45 PM</b>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Margaret Brickner 2117 Bremen</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aortic Aneurysm</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Syphilis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Atelectasis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>384</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>D 220X</b>	
22. I hereby certify that I attended the deceased from <b>9/17/49</b> to <b>9/29/49</b> , 19___, that I last saw the deceased alive on <b>9/29/49</b> , 19___, and that death occurred at <b>11:45 PM</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <b>M. Cunningham</b>		23b. ADDRESS <b>1515 Lafayette Ave.</b>	23c. DATE SIGNED <b>9/20/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-3-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cem</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>OCT 1 1949</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Leidner U Co 2223 St. Louis Ave.</b>	

*Miss*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Elmo P. Sadwell*

Licensed Embalmer No. *4077*

P. O. Address \_\_\_\_\_

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

If this body is not embalmed, fact should be so stated above.