

## STANDARD CERTIFICATE OF DEATH

State File No. 44239

BIRTH NO. 8156A-54 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2933

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND</u>		c. LENGTH OF STAY (In this place) <u>6 WKS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND</u>		d. STREET ADDRESS (If rural, give location) <u>3111 BROWN</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3111 BROWN</u>			d. STREET ADDRESS (If rural, give location) <u>3111 BROWN</u>		

3. NAME OF DECEASED (Type or Print) <u>STEFANI</u> a. (First)		b. (Middle) <u>LEE</u>		c. (Last) <u>GILLIAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-54</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>NOV 1950</u>		9. AGE (In years last birthday) <u>6 weeks</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>CHARLES LEE Gilliam</u>		13b. MOTHER'S MAIDEN NAME <u>MARLOWE EDMONDS</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHARLES LEE Gilliam 3111 BROWN</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Suffocation</u>			
		ANTECEDENT CAUSES			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Louis - St. Louis 4<sup>th</sup> Mo. 9240</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 18 1954 1 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Suffocated while sleeping in crib.</u>	
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22. I hereby certify that I attended the deceased from 12/15, 1954 to 12/18, 1954, that I last saw the deceased alive on 12/16, 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas F. Summers, M.D.</u>		23b. ADDRESS <u>3115 Brown Road, St. Louis, Mo.</u>		23c. DATE SIGNED <u>12-19-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT LEBANON</u>		24d. LOCATION (City, town, or county) (State) <u>PATTONVILLE MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>12-21-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul Hillman 9709 Leabland</u>	
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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 *Carl F. Lillerman*.....  
Licensed Embalmer No. *3501*.....  
P. O. Address *Palmdale, 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.