No. 300
10.48

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10247

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2697

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hamilton Rest Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 956 Hamilton Ave., 5 205 9

3. NAME OF DECEASED (Type or Print)
a. (First): Etta
b. (Middle): Bell
c. (Last): Stilwell

4. DATE OF DEATH (Month) (Day) (Year): Mar. 24 1955.

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2

8. DATE OF BIRTH: Sept. 8 1879

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and State or Foreign Country): Jacksonville Ill. 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Litz

13b. MOTHER'S MAIDEN NAME: Parks

14. NAME OF HUSBAND OR WIFE: George Stilwell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): Nil

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Leonard Litz
ADDRESS: Peoria Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Colon — 3 yrs.
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: 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Descending Colon

20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 153 x

22. *I hereby certify that I attended the deceased from* _____, 1952, *to* 3-24, 1955, *that I last saw the deceased alive on* 3-23, 1955, *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. O. Schrepel (Degree or title) M.D.

23b. ADDRESS: 634 No. Grand, St. Louis Mo

23c. DATE SIGNED: 3-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-25-55

24c. NAME OF CEMETERY OR CREMATORY: Parkview Cem.

24d. LOCATION (City, town, or county) (State): Decatur Ill.

DATE REC'D BY LOCAL REG.: MAR 25 1955

REGISTRAR'S SIGNATURE: J. Carl Smith M.D. M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: A. H. Hoppe
ADDRESS: 4704 Washington Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmo R. Sadwell

Licensed Embalmer No. 407

P. O. Address St. Lou

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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