S. No. 300
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25474

FILED AUG 14 1956

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 545 Registrar's No. 17820

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maplewood
c. LENGTH OF STAY (in this place) 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maplewood Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Webster Groves 4607
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 14 West Rose

3. NAME OF DECEASED (Type or Print)
a. (First) FLORENCE
b. (Middle) E.
c. (Last) ZILLIKEN

4. DATE OF DEATH (Month) (Day) (Year) July 25, 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 5, 1874
9. AGE (In years last birthday) 81 — 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) Kaskaskia, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Wm. M. Staley
13b. MOTHER'S MAIDEN NAME Isabelle Humphrey
14. NAME OF HUSBAND OR WIFE Frank G. Zilliken

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mary Zilliken Siefker, 14 West Rose

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) Myocarditis chr, with myocardial degeneration (arteriosclerotic) — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs. estimated

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis general — 15 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
19b. MAJOR FINDINGS OF OPERATION 4221.
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?

22. *I hereby certify that I attended the deceased from* Oct. 5, 1950, *to* July 25, 1956, *that I last saw the deceased alive on* July 24, 1956, *and that death occurred at* 7:29 A m., *from the causes and on the date stated above.*

23a. SIGNATURE C H Eckelman M.D. (Degree or title)
23b. ADDRESS 2615 Gentwood Blvd
23c. DATE SIGNED July 25 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (motor
24b. DATE July 28, '56
24c. NAME OF CEMETERY OR CREMATORY St. Mary of Help Cemetery
24d. LOCATION (City, town, or county) (State) Chester, Illinois

DATE REC'D BY LOCAL REG. 7-26-56
REGISTRAR'S SIGNATURE Herbert R. Dowdell
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS [illegible] 831 East Big Bend Webster Groves, 19, Missouri

(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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W E Morris

Licensed Embalmer No. 336

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.