

Health & Welfare  
Public Health Services

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 29 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 11149  
REGISTRATION DISTRICT NO. 318  
PRIMARY REGISTRATION DISTRICT NO. 1003  
REGISTRAR'S NO. 2086

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pagedale		4140 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Length of stay in 1b 4 weeks	d. STREET ADDRESS 1547 Salerno Dr.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Julius Middle Henry Last Stille			4. DATE OF DEATH Month Day Year Feb. 27, 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 22, 1898	9. AGE (In years last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patern Repairman		10b. KIND OF BUSINESS OR INDUSTRY Am. Magnese	11. BIRTHPLACE (City and state or country) University City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Fred C. Stille			14. MOTHER'S MAIDEN NAME Pauline Rische			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 497-0168566	17. INFORMANT Address Anna Stille 1547 Salerno Dr.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hodgkins Disease (Hodgkins disease)</u>					INTERVAL BETWEEN ONSET AND DEATH 4/5/56	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 201x					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1-22-43	20f. CITY, TOWN, OR LOCATION 2-27-57		COUNTY STATE	
21. I attended the deceased from 1/22/43 to 2/27/57 and last saw <sup>him</sup> alive on 2/26/57 Death occurred at 2/27/57 12:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Wm. E. Moore</u> (Degree or title) M.D.			22b. ADDRESS 7315 Pasadena St. Louis		22c. DATE SIGNED 2/1/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-2-1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		23d. LOCATION (City, town, or county) (State) St. Ann, Mo.	
24. FUNERAL DIRECTOR 2504 Woodson Rd-Overland-14-Mo.			25. DATE RECD. BY LOCAL REG. MAR 2 '57		26. REGISTRAR'S SIGNATURE <u>Carl Smith</u> MD	

(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 ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Paul C. Gibson* .....

Licensed Embalmer No. *34* .....

P. O. Address *Overland* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.