

Health,  
Welfare  
Public  
Service

FILED APR 9 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012355

STATE FILE NUMBER

3769

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		c. CITY OR TOWN <b>Bay Minette</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>33</b>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
<b>JOE E. STILL</b>			<b>APRIL 2, 1958</b>		
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH		9. AGE (In years last birthday)
<b>Male</b>	<b>White</b>	WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	<b>July 20, 1911</b>		<b>46</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
<b>Dealer</b>		<b>Automobiles</b>		<b>U.S.</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<b>E.B. Still</b>		<b>Emmaerry</b>		<b>Ila Still</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give branch of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address	
<b>Yes Peacetime</b>		<b>Unknown</b>		<b>Ila Still, Bay Minette, Ala.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <b>MULTIPLE PULMONARY EMBOLI</b>		<b>2 WEEKS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>RHEUMATIC HEART DISEASE</b>	<b>YEARS</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)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>VIRAL HEPATITIS</b>		<b>4 WEEKS</b>

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.)	
	<b>416x</b>	
20c. TIME OF INJURY	Hour	Month, Day, Year
	a.m.	
	p.m.	
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <b>MARCH 22, 1958</b> to <b>APRIL 2, 1958</b> and last saw her alive on <b>APRIL 2, 1958</b>		
Death occurred at <b>3:20 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Name or title)	22b. ADDRESS	22c. DATE SIGNED
<i>E. C. Vermillion, M.P.M.D.</i>	<b>BARNES HOSPITAL</b>	<b>4/2/58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Removal</b>	<b>4-2-58</b>	<b>Local</b>	<b>Bay Minette, Ala.</b>

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<b>Albert H. Hoppe, 4700 Washington Blvd.</b>	<b>APR 3 58</b>	<i>Carl Smith MD</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. M. Binkley* .....

Licensed Embalmer No. *365*  
P. O. Address *St. Louis 8*

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.