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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1958

STATE FILE NUMBER 58-016508

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3904

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes X No ☐	c. CITY OR TOWN St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A. City Hospital — Length of stay in Ib 38	d. STREET ADDRESS (If outside, give location) 7624a So.Broadway — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Lillian	Middle:	Last: Stoien	4. DATE OF DEATH Month Day Year: April 6,1958
5. SEX: F.	6. COLOR OR RACE: W.	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Jan.14,1894	9. AGE (In years last birthday): 64 — 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): Waitress,Donak's	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: George Conner		14. MOTHER'S MAIDEN NAME: Jane Tennison		
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.: 498-20-1152	17. INFORMANT: Mr.Karl Stoien,5912 Wabada Ave.	Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Several years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 443x

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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 March 1956 to April 6, 1958 and last saw her ~~him~~ alive on Mar 8, 58

Death occurred at 4:15 am. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clement L. Sullivan (Degree or title) M.D. — 22b. ADDRESS: 4161 Lindell — 22c. DATE SIGNED: 4-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: April 9,1958 — 23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery — 23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly — ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: APR 8 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(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 en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 35

P. O. Address 384 Lin

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