

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 58-023792
State File No. 6498

FILED JUL 14 1958

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| BIRTH NO. | | REG. DIST. NO. | PRIMARY REG. DIST. NO. | Registrar's No. |
| 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, write RURAL and give township) OR TOWN ST. LOUIS | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN ST. LOUIS | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) 01 HOSPITAL OR INSTITUTION 1505 Jefferson | | e. STREET ADDRESS (If rural, give location) 2237 1505 JEFFERSON | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) COLONEL | | b. (Middle) H. | c. (Last) STILL | 4. DATE OF DEATH (Month) (Day) (Year) 6 26 58 |
| 5. SEX MALE | 6. COLOR OR RACE NEGRO 2 | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2 | 8. DATE OF BIRTH 3/1/1888 | 9. AGE (In years last birthday) 70 If under 1 year: Months Days If under 24 hrs: Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) WALTON ARK. 1 | 12. CITIZEN OF WHAT COUNTRY? USA. |
| 13a. FATHER'S NAME ARON STILL | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. 431-18-1080 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS DAVID STILL 3852A COTTAGE | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio-sclerotic Heart Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.0 | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:37 P.M., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <i>James M Kelly</i> | | 23b. ADDRESS 31300 CLARK AVE. | 23c. DATE SIGNED 6/28/58 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 6-29-58 | 24c. NAME OF CEMETERY OR CREMATORY ASHDOWN | 24d. LOCATION (City, town, or county) (State) ARK. |
| DATE REC'D BY LOCAL REG. JUN 28 1958 | | REGISTRAR'S SIGNATURE <i>J. Earl Smith Jr</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITNEY FUNERAL HOME 3882 DELMAR |

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

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 *Leroy G. Gunnist*.....

Licensed Embalmer No. *4523*

P. O. Address *4251 Wash*

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.