Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

FILED FEB 6 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2390

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 956

1. PLACE OF DEATH
a. COUNTY Missouri Pacific Hospital St Louis Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Missouri — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Pacific Hospital — Length of stay in 1b 40

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St Louis — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS 2908 Wyoming (If outside, give location) St Louis Missouri — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Blanche Middle Jennie Last Nill

4. DATE OF DEATH: Month January Day 24 Year 1958.

5. SEX F | 6. COLOR OR RACE W | 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] | 8. DATE OF BIRTH August 28 1891 | 9. AGE (In years last birthday) 66 years | 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) CLERICAL WORK
10b. KIND OF BUSINESS OR INDUSTRY CHRISTIAN SCIENCE
11. BIRTHPLACE (City and state or country) ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS GUTHRIE
13b. MOTHER'S MAIDEN NAME OLLIE BRYAN
14. NAME OF HUSBAND OR WIFE WALTER NILL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 492-01-0513
17. INFORMANT WALTER NILL Address 2908 Wyoming

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis 332X — many years.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senile Cataract Arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

MEDICAL CERTIFICATION

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 November 20 1957 to January 24 1958 and last saw her/him alive on January 24 1958.
Death occurred at 3:00 P.M. January 24 1958 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Maud E Davis MD
22b. ADDRESS Mo Pac Emp Hosp
22c. DATE SIGNED 1/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
23b. DATE JAN. 27 1958
23c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY
23d. LOCATION (City, town, or county) ST. LOUIS COUNTY, Mo. (State)

24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Gravois
25. DATE RECD. BY LOCAL REG. JAN 27 '58
26. REGISTRAR'S SIGNATURE J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

MJB

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Leo J Budde

Licensed Embalmer No. 3989

P. O. Address St Louis

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.