WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County

Township or Village or City St. Louis (NO. 6731 Waldemar av St.; 24 Ward)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 791 File No. 25338

Primary Registration District No. 1003 Registered No. 6099

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Caroline Mithilda Stillwell

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR OR RACE: white

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

DATE OF BIRTH: Aug (Month) 23 (Day), 1827 (Year)

AGE: 82 yrs. 11 mos. 13 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): —

BIRTHPLACE (City or town, State or foreign country): N. J. U. S. A.

PARENTS
NAME OF FATHER: Charles Fish
BIRTHPLACE OF FATHER (City or town, State or foreign country): No record
MAIDEN NAME OF MOTHER: Raichel Browning
BIRTHPLACE OF MOTHER (City or town, State or foreign country): no record

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs H B Howland

(ADDRESS) 6731 Waldemar Ave

Filed AUG -6 1910 191 W Wheeler Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 5 (Day), 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from July 28, 1910, to Aug 5, 1910, that I last saw her alive on Aug 5, 1910, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs - due to Senility

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111B (Duration) ___ yrs. ___ mos. 9 ds.

Contributory (SECONDARY) Senility - 83 years old

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) R C Blackmer M. D.

Aug 6th, 1910 (Address) 6778 Manchester Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Bellfontaine Cemetery

DATE OF BURIAL: Aug 7, 1910

UNDERTAKER: Geo. Kriegshauser Co. Ltd.

ADDRESS: 4102 Manchester