

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

Do not use this space.

37621

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Barnes Hospital)

File No.....
Registered No. 10298
St..... Ward.....

2. FULL NAME

Martha Mary Still
(a) Residence, No. 2711 Beulah Ave., St. Alton Ill Ward. 11
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Henry Still</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 1, 1878</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>11</u>
	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Home</u>	
MOTHER	10. Date deceased last worked at this occupation (month and year) <u>Oct. 19, 1932</u>	
	11. Total time (years) spent in this occupation <u>27</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Huntingburg, Indiana</u>	
	13. NAME <u>Henry Gilbert</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peru, Indiana</u>	
	15. MAIDEN NAME <u>Marise Wessel</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cincinnati, Ohio</u>		
17. INFORMANT (ADDRESS) <u>Anna H. Still, 2711 Beulah Ave. Alton, Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oakwood Home, Alton, Ill</u> DATE <u>Nov. 22, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Robert H. Streeper, Alton, Ill</u>		
20. FILED <u>NOV 22 1932</u> <u>Clay C. Standiford</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-8 1932 to 11-19 1932
I last saw her alive on 11-19 1932 Death is said to have occurred on the date stated above, at 3:20 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary occlusion
Myocarditis Chronic
Cystitis of Bladder
Myoma of Uterus

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 1

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) James E. Stillman, M. D.
(Address) Barnes Hospital

WHITE PAPER, 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.

