

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

Do not use this space.

18009

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. City Hospital)

File No. _____
Registered No. 4208
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2013 Meyer (rear) St. _____ Ward. 23
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jay Stillwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18th 1861

7. AGE YEARS 72 MONTHS 3 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Mass.

13. NAME Herry Spiller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Mass.

15. MAIDEN NAME Annie M. W.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Mass.

17. INFORMANT (ADDRESS) Hospital Informant City Hospital

18. BURIAL, CREMATION, OR REMOVAL Masson Crematory DATE May 11 1933

19. UNDERTAKER (ADDRESS) J. M. Laughlin 1631 Michigan

20. FILED May 11 1933 F. J. Debeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10th 1933

22. I HEREBY CERTIFY That I attended deceased from May 8th 1933 to May 10th 1933

I last saw h. alive on May 10th 1933 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows: _____ Date of onset _____

Arterio-Sclerotic Heart Dis. (Chronic Myocarditis)

Acute Cardiac Decompensation

Other contributory causes of importance: 930

Name of operation _____ Date of _____

What test confirmed diagnosis? clin Was there an autopsy? No

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. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. J. Dolan M. D.
(Address) City Hospital

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.

MOTHER RESERVED FOR BIRTH

V. S. No. 2

Stallwell

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