

FILED MAY 8 1947

Registration District No. 3

Primary Registration District No. 3063

Registrar's No. 946

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-day
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1271-a Hodiament Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1947 hour 3 minute 27 P. M.

21. I hereby certify that I attended the deceased from E.P.R.
19, 1947, to A.P.R. 20, 1947
that I last saw him alive on A.P.R. 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY
HEMORRHAGE

Duration
27 hrs.

Due to METASTATIC MALIGNANCY
to the Lung

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations Open Ca. of Leg.
Leg amputated in Army.
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury 1

23. Signature B.H. Smith (M. D. or other) _____
Address 601 Brentwood, Clayton Date signed 4-22-47

3. (a) PRINT FULL NAME Richard Paul Stillman

3. (b) If veteran, name war World War #2 3. (c) Social Security No. yes

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Joyce 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased June 5 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 10 5 hr. min.

9. Birthplace Overland Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Disabled War Veteran

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Stillman
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Grace Mueller
15. Birthplace Olivette Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joyce Stillman

(b) Address 1271-a Hodiament Ave-St. Louis, Mo.

17. (a) Burial (b) Date thereof 4-25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Blumman Bros. Inc.

(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 4-28-47 (b) Coyle & Shaw
(Date received local registrar) (Registrar's signature)

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

JUN 4 1947

JUL 1 1947

MAY 8 1947

MAY 14 1947

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Oscar F. Mueller
Licensed Embalmer No. 3039
P. O. Address Overland 14. Mo.

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 this body is not embalmed, fact should be so stated above.