No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33061

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8840

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5061 Lotus (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 5061 Lotus 9 (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Killin E. Stiff
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: WH
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Robert L.
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: Aug (Month) 19 (Day) 1868 (Year)

8. AGE: Years 79 | Months 1 | Days 0 | If less than one day ..... hr. ..... min.
9. Birthplace: Lonoke (City, town, or county) Ark (State or foreign country)
10. Usual occupation: At home
11. Industry or business:
MOTHER FATHER
12. Name: Pleasant Dunaway
13. Birthplace: Ark (State or foreign country)
14. Maiden name: Charity Elizabeth
15. Birthplace: Ark (State or foreign country)
16. (a) Informant: Florence Dentley
(b) Address: 3554 B Easton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Jefferson Memorial Park
18. (a) Signature of funeral director: Leland Stuart
(b) Address: 9225 Bryan Blvd
19. (a) SEP 22 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th year 1947 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from Aug. 10 1945 to Sept 19 1947 that I last saw him alive on 9/18 1947: and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis
Due to: Generalized Arteriosclerosis
Due to: Hypertension
Other conditions (Include pregnancy within 3 months of death): Chronic nephritis
Major findings: Of operations: 1 B1 Of autopsy:

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature: Samuel Weiss (M. D. or other) MD
Address: 2906 No. Union Date signed: 9/20/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Gary W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.