

S. No. 2
M-147
5-17-39

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33239**
Registrar's No. **1935**

National Office of Vital Statistics

FILED SEP 29 1947
Registration District No. **3069**

Primary Registration District No. **3069**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **St. Mary's Hospital**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Perry 999**

(c) City or town **Pinckneyville**
(If outside city or town limits, write "RURAL")

(d) Street No. **405 East Chester Street., 0**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **2**
If yes, name country.....

3. (a) PRINT FULL NAME **Lillie Zoller**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mike Zoller**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **October 13 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 10 28 ..br.min.

9. Birthplace **Perry - Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **Benjamin Thompson**

13. Birthplace **Perry Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Hamilton**

15. Birthplace **Perry Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clyde L. Zoller**

(b) Address **Pinckneyville, Illinois**

17. (a) **Removal** (b) Date thereof **9-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pinckneyville, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd**

19. (a) **9-15-47** (b) **Beulah J. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **11**
year **1947** hour **11** minute **10** A.M.

21. I hereby certify that I attended the deceased from **Aug 26,**
1947, to **Sept 11,** 1947.
that I last saw her alive on **Sept 11,** 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary embolism (acute) 15 min.**

Due to **Carcinoma (Hepatic Flexure) 2 years of Colon**

Due to **and Phlebotrombosis R common iliac vein 5 days**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Metastasis (extensive) to liver (Sept 4, 47)**

Of autopsy **as above**

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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

Signature **Willard Bartley M.D.** (or other)

Address **607 N Grand** Date signed **9/12/47**

Duration

15 min.

2 years

5 days

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

Ernest W. Fuller
.....
Licensed Embalmer No..... 4080

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.