S. No. 300
M—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

Registration District No. 15

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29411

Primary Registration District No. ~~4185~~ 4187

Registrar's No.

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: Union (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 701 East State (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) 55 years

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No.: 5061 Lotus (If rural, give location) 1

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Robert Lee Stiff

3. (b) If veteran, name war: No

3. (c) Social Security No.: Unknown

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower 2

6. (b) Name of husband or wife: Rillia Stiff

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

7. Birth date of deceased: December (Month) 14 (Day) 1868 (Year)

8. AGE: Years 80 Months 9 Days 10 If less than one day: hr. min.

9. Birthplace: Scott Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Decorator

11. Industry or business:

FATHER

12. Name: John Arthur Stiff

13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER

14. Maiden name: Anne Elizabeth Price

15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Roy L. Stiff

(b) Address: 5882 Julian Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 9-27-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Crematory

18. (a) Signature of funeral director: Shepard Funeral Home

(b) Address: 1167 Hamilton Ave.

19. (a) 9/27/48 (Date received local registrar) (b) F. T. Cooper (Registrar's signature) 99

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 24 year: 1948 hour: 2 minute: 15 P.M.

21. I hereby certify that I attended the deceased from 8-27, 1948, to 9-24, 1948, that I last saw him alive on 9-15, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis Pulmonary	1½ yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: B. H. Stuhlmann (M. D. or other) MD

Address: Union, Mo. Date signed: 9-24-48

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 10/7/48

District File Number

OCT 1 1948

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 Elton R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis 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.