No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31462

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 8003

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

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Infirmary Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/16/31 Tog/11/48 (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) ~~County~~ 96
(c) City or town Brentwood 7
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME ROBERT STILL
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex male
5. Color or race white
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widower 2
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 7 (Day) 1863 (Year)

8. AGE: Years 85 Months 5 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Nil
11. Industry or business .....
FATHER
12. Name JOHN STILL 0
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace ..... (City, town, or county) " (State or foreign country)
16. (a) Informant Mrs A M Cook
(b) Address 2313 ELCO
17. (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof Sept 12 48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Valhalla Cemetery
18. (a) Signature of funeral director Merle Shepard
(b) Address 1167 Hamilton
19. (a) SEP 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1948 hour 2 minute 00 P M.
21. I hereby certify that I attended the deceased from ~~May~~ July 17, 1948 to Sept 11, 1948 that I last saw him alive on Sept 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: arteriosclerotic Heart Disease	1 year
Due to: generalized arteriosclerosis arteriosclerotic Encephalopathy	
Due to:	
Other conditions: Bilateral Club feet (Include pregnancy within 3 months of death) Senile Emphysema	

Major findings:
Of operations .....
Of autopsy same

PHYSICIAN
Underline the cause of 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 Cletus Lund Krag, M.D. (M.D. or other)
Address 5600 Arsenal St Date signed Sept 12, 1948

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 G W Wilkinson

Licensed Embalmer No. 3575

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.