

THE DIVISION OF HEALTH OF MISSOURI  
**FILED APR 23 1949 STANDARD CERTIFICATE OF DEATH**

State File No. **14431**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>795</b>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PINE LAWN</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PINE LAWN</b>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4235 OAKWOOD AVE 1</b>				d. STREET ADDRESS (If rural, give location) <b>4235 OAKWOOD AVE., 6</b>			
3. NAME OF DECEASED (Type or Print) <b>LILLIE</b>		a. (First)		b. (Middle)		c. (Last) <b>GALMICHE</b>	
4. DATE OF DEATH		(Month) <b>MAR.</b>		(Day) <b>30<sup>TH</sup></b>		(Year) <b>1949</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>DECEMBER 29, 1879</b>	
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>1</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13a. FATHER'S NAME <b>SCHIRA</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>JOHNE E. GALMICHE, 6801 ST. LOUIS AVE</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombotic infarction</b>						<b>10 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <b>Hypertension</b>		<b>3 yrs +</b>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Arterio Sclerosis</b>		<b>3 yrs +</b>	
		II. OTHER SIGNIFICANT CONDITIONS		4201			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>0 996</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>0</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>18 April, 1946</b> , to <b>30 March, 1949</b> , that I last saw the deceased alive on <b>26 March, 1949</b> , and that death occurred at <b>6 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. R. Eckerhoff</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>15-0634 N Grand</b>		23c. DATE SIGNED <b>3/31/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-2-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-2-49</b>		REGISTRAR'S SIGNATURE <b>John V. Lunge</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz</b> ADDRESS <b>4878 NAT'L BRIDGE</b>			

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 4186

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.