

STANDARD CERTIFICATE OF DEATH

State File No. 17088

FILED JUN 4 1951

BIRTH NO.		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 4249		Registrar's No. 36			
1. PLACE OF DEATH a. COUNTY Jefferson County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro,		c. LENGTH OF STAY (in this place) week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN House Springs		0500			
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home				d. STREET ADDRESS (If rural, give location) Rt. #2					
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) O.		c. (Last) Killis		4. DATE OF DEATH (Month) (Day) (Year) 5/17/51			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Sept. 19, 1874			
9. AGE (In years last birthday) 76		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Germany			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John O. Killis		13b. MOTHER'S MAIDEN NAME Clara Schorer		14. NAME OF HUSBAND OR WIFE Clara			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Harry A. Killis RR #1 Kimmswick Mo. ADDRESS					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) ✓ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓		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 May 11, 1951, to May 16, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE D. B. Edwards, M.D.				23b. ADDRESS Cedar Hill Mo		23c. DATE SIGNED 5/17/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/21/51		24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. 5-23-51		REGISTRAR'S SIGNATURE Kathleen Mercedes Wacker		141 FUNERAL DIRECTOR'S SIGNATURE Wacker, Keldule		ADDRESS 3634 Gravois			

(Licensed Embalmer's Statement on Reverse Side)

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

0500
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 5-31-51

EMBT P. N. M. R.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Frank H. Hand Sr

Signed.....

Student Embalmer

Licensed Embalmer No.....

15675
W. Louis No

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.