

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10-48

FILED JAN 10 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11203**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY <b>2154</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis,</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>4426 Pennsylvania Ave.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital,</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Stephen V</b> b. (Middle) <b>V.</b> c. (Last) <b>Filla,</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 17, 1951</b>		
5. SEX <b>Male,</b>		6. COLOR OR RACE <b>White,</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married,</b>	
8. DATE OF BIRTH <b>December 23, 1881</b>			9. AGE (In years last birthday) <b>69</b> If UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Car Repairman,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Service Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Washington, Missouri,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Albert Filla,</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown,</b>		14. NAME OF HUSBAND OR WIFE <b>Lottie Filla,</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>493-10-8590</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lottie Filla,</b>		ADDRESS <b>4426 Pennsylvania Ave.,</b>	
--	--	---	--	---	--	---	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Pulmonary Oedema and Congestion;</b>  DUE TO (c) <b>Arteriosclerosis of Liver;</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
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? <b>5810</b>			

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **5:40 P.M.**, from the causes and on the date stated above.

22a. SIGNATURE <b>Patrick B. Taylor, Coroner</b>		23a. ADDRESS <b>300 Clark</b>		23c. DATE SIGNED <b>12/18/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal,</b>		24b. DATE <b>12/20/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery,</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>DEC 18 1951</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Bans Mortuary,</b>		ADDRESS <b>2842 Maramec St., St. Louis, 18, Mo.</b>	
--	--	--	--	--	--	--	--

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

APR 30 1937

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 \_\_\_\_\_ en e

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Loren B. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramed St.,  
St. Louis, 18, 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.