

FILED JAN 10 1952  
 Reg. # - 97511-

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 43673

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 3921	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>2.069</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>49 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>				d. STREET ADDRESS (If rural, give location) <b>5729 Roosevelt Place</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>EDWARD</b>		b. (Middle) <b>JOSEPH</b>		c. (Last) <b>STILLER (STILLER)</b>	
4. DATE OF DEATH <b>12-5-51</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>12-22-96</b>		9. AGE (In years last birthday) <b>54</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Store Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NORDMANN CO</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>JACOB STILLER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY KUHSEL</b>		14. NAME OF HUSBAND OR WIFE <b>HELEN STILLER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII 12-23-1917</b>		16. SOCIAL SECURITY NO. <b>448-10-7059</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BKS, MO.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>9-3-1917</b>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF RIGHT LUNG</b>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)					
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 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)			
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 <b>10-17</b> , 1951, to <b>12-5</b> , 1951, and that death occurred at <b>7:00A</b> m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <b>E.C.O'BRIEN, D. M.D.</b>				23b. ADDRESS <b>VA HOSPITAL, JEFF. BKS, MO.</b>		23c. DATE SIGNED <b>12-5-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC. 7-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>	
DATE REC'D BY LOCAL REG. <b>12-6-51</b>		REGISTRAR'S SIGNATURE <b>Robert P. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BROCKLAND UNDERTAKING CO., St. Louis, Mo.</b>		ADDRESS <b>1827 MOG. AN ST.</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 Robert M. Murray

Licensed Embalmer No. 3249

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.