

FILED MAR 20 1952

STANDARD CERTIFICATE OF DEATH

6A 1047 State File No. 10824 Registrar's No. 537

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City  
c. LENGTH OF STAY (in this place) LNK  
d. FULL NAME OF HOSPITAL OR INSTITUTION 6342 Delmar Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4336  
d. STREET ADDRESS (If rural, give location) 6342 Delmar Blvd. 8

3. NAME OF DECEASED (Type or Print)  
a. (First) Elbert b. (Middle) W. c. (Last) Illien  
4. DATE OF DEATH (Month) (Day) (Year) February 25, 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Feb 5, 1889 9. AGE (In years last birthday) 63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist  
10b. KIND OF BUSINESS OR INDUSTRY Manufacturing  
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Illian 13b. MOTHER'S MAIDEN NAME Louise Freis 14. NAME OF HUSBAND OR WIFE Millie Illien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW I 16. SOCIAL SECURITY NO. 488-20-5141  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Millie Illien-6342 Delmar Blvd.

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Lung  
\*This does not mean the mode of dying, such as heart failure, ashenia, 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 163X  
20. AUTOPSY? YES  NO

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) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16 1952 to Present, that I last saw the deceased alive on 3-26, 1952 and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) S. S. Hayden 23b. ADDRESS 730 Hademan 23c. DATE SIGNED 3-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 24b. DATE 2-27-52 24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 2-22-52 REGISTRAR'S SIGNATURE Herbert R. Donker MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe-4700 Washington Blvd

SW (Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1952

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 me

working under my personal supervision.

Student Embalmer No.....

Signed W W Walker

Signed.....  
Student Embalmer

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.