

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33068**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8823**

2

BIRTH NO. **15007 4 1952**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2139</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>5400 Arsenal Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>		<b>13</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emily</b> b. (Middle) <b>Irene</b> c. (Last) <b>Illig</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 21 1952</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>12-29-89</b>
9. AGE (In years last birthday) <b>62</b>		10. MONTHS <b>6</b>	11. DAYS <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>machine operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>paper Box</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
<b>MARLAULT</b>		<b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>Herman Illig (deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <b>496-20-814Y</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>EDNA ESCHELBACH</b>		ADDRESS <b>2713 UTAH</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, asthma, 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) <b>Cerebral thrombosis</b>		<b>3 days</b>	
ANTECEDENT CAUSES DUE TO (b) <b>Paresis</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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>025X</b>	
22. I hereby certify that I attended the deceased from <b>9-19</b> , 19 <b>52</b> , to <b>9-21</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9-21-52</b> , 19 <b>52</b> , and that death occurred at <b>1:30 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John Schindler, M.D.</b>		23b. ADDRESS <b>5400 Arsenal Street</b>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>SEPT. 23 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS MO</b>
DATE REC'D BY LOCAL REG. <b>SEP 22 1952</b>	REGISTRAR'S SIGNATURE <b>Cash Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kuto 7906 Travis</b>	

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

**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 James C. Bill

Licensed Embalmer No. 4347 9

P. O. Address 2906 Hawaii

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.