

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8077

FILED FEB 25 1953

1283

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
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. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2316a Louisiana</b>			
3. NAME OF DECEASED (Type or Print) <b>LILLIE</b>		a. (First) _____		b. (Middle) <b>MAE</b>		c. (Last) <b>WILLER</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Unknown</b>	
9. AGE (In years last birthday) <b>Abt. 80</b>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Pittsburgh, Pa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Kraus</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Ambaur</b>		14. NAME OF HUSBAND OR WIFE <b>Herman Willer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edward Kraus-1301 N. Market St.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>In of the left femur;</b> <b>Arterio sclerosis; suffered when deceased fell in her home at 2316 Louisiana Ave on Jan 13 1953</b> II. OTHER SIGNIFICANT CONDITIONS: <b>None</b> Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>600 Accident</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St Louis Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Jan 13 53 3 m.</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>F904D</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 <b>11:20A m.</b> , from the causes and on the date stated above. <b>21</b>							
23a. SIGNATURE <b>Samuel C. Meyer</b> (Degree or title)				23b. ADDRESS <b>1300 Clark Ave</b>		23c. DATE SIGNED <b>2/3/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2/5/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE RECD. BY LOCAL REG. <b>FEB 3 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herman Rindskopf, Inc. 5216 Delmar</b>			

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

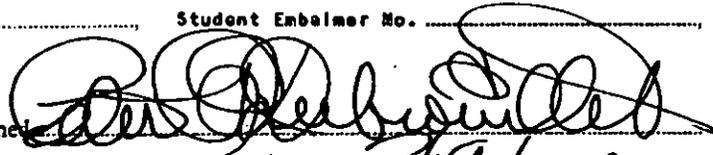
**STATEMENT BY LICENSED EMBALMER**

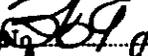
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

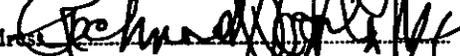
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed 

Licensed Embalmer No. 

P. O. Address 

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HAND WRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.