

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24910**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1752**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write ST. FELIX and give township) St. Felix		c. CITY (If outside corporate limits, write RURAL and give township) St. Felix	
d. FULL NAME OF HOSPITAL OR INSTITUTION Villa Beau		d. STREET ADDRESS (If rural, give location) 11755 Riverwood Dr	
3. NAME OF DECEASED (Type or Print) a. (First) Sister Mary Cristina b. (Middle) Stiller c. (Last) Stiller		4. DATE OF DEATH (Month) (Day) (Year) July 28, 1955	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Nov. 3, 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Religious	11. BIRTHPLACE (City and State or Foreign Country) Germany
13a. FATHER'S NAME Joseph Stiller		13b. MOTHER'S MAIDEN NAME Latherine Butkovich	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sister M. Gertrude ADDRESS 11755 Riverwood
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive C-V disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart exhaustion	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		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) X	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR X	
22. I hereby certify that I attended the deceased from 7-1 , 19 50 , to 7-28 , 19 55 , that I last saw the deceased alive on 7-26 , 19 55 , and that death occurred at 1:50 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. W. ...		23b. ADDRESS 98321 N. Broadway	
23c. DATE SIGNED 7-28-55		24. LOCATION (City, town, or county) (State) St. Louis Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 1955	
24c. NAME OF CEMETERY OR CREMATORY Villa Beau		24d. NAME OF FUNERAL HOME 11755 Riverwood	
DATE REC'D BY LOCAL REG. 7/30/55		REGISTRAR'S SIGNATURE Harold B. Donke, M.D.	
		FUNERAL DIRECTOR'S SIGNATURE W.D. Fendler and Co. ADDRESS 7420 Michigan	

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

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.