

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

43949

State File No. _____

12103

No. 300
10-48

FILED JAN 15 1957

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. _____

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY _____			a. STATE MISSOURI		b. COUNTY JEFFERSON
b. CITY OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) 7 DAYS	c. CITY OR TOWN CRYSTAL CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL			e. STREET ADDRESS (If rural, give location) 109 COUNTY ROAD 0501		
3. NAME OF DECEASED			4. DATE OF DEATH		
(First) W. M. William			(Month) (Day) (Year) 12 17 56		
(Middle) _____			(Last) Striler		
5. SEX MALE		6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED		8. DATE OF BIRTH APRIL 19, 1874
10a. USUAL OCCUPATION RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER	9. AGE (In years last birthday) 82		11. BIRTHPLACE (City and State or Foreign Country) PERRY CO. MISSOURI
13a. FATHER'S NAME WILLIAM STRILER			13b. MOTHER'S MAIDEN NAME MARY TUCKER		12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME _____
18. CAUSE OF DEATH			14. NAME OF HUSBAND OR WIFE _____		
Enter only one cause per line for (a), (b), and (c)			ADDRESS _____		

18. CAUSE OF DEATH		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforating Carcinoma of Colon			6 mo.
*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 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 12/23, 1956, to 12/27, 1956, that I last saw the deceased on 12/27, 1956, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James T. Hamilton M.D.		23b. ADDRESS 7820 Carondelet		23c. DATE SIGNED 12/28/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-2-57		24c. NAME OF CEMETERY OR CREMATORY ST JAMES CEMETERY
		24d. LOCATION (City, town, or county) CROSS-TOWN		(State) MISSOURI

DATE REC'D BY LOCAL REG. JAN 2 1957		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Henry R. Polite</i>	
				ADDRESS Crystal City	

(Licensed Embalmer's Statement on Reverse Side)

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

11.11.11

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.....
Signature of Student Embalmer

Signed.....
Gentry R Pollette

Licensed Embalmer No. 348

P. O. Address *Crystal*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.