

STANDARD CERTIFICATE OF DEATH

10628  
State File No.

FILED APR 12 1957

2729  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2729</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</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) <b>4 WEEKS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		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 <b>DEACONESS HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>2834 HAMPTON AVE</b>			
3. NAME OF DECEASED (Type or Print) <b>AUGUST</b>		a. (First) <b>RUDOLPH</b>		b. (Middle) <b>LILL</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>3-19-57</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>SEPT. 27, 1874</b>		9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHOE SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SHOE STORE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MASCOUTAH, ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>GUSTAVE LILL</b>		13b. MOTHER'S MAIDEN NAME <b>CHRISTINA SCHWARTZ</b>		14. NAME OF HUSBAND OR WIFE <b>CARRIE LILL</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>489-01-9992</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. CARRIE LILL 2834 HAMPTON</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic C.V. Disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 WKS</b> <b>Unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>422.1</b>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) 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 <b>Feb 24</b> , 1957, to <b>Mar 18</b> , 1957, that I last saw the deceased alive on <b>Mar 18</b> , 1957, and that death occurred at <b>2:45A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Bert H. Keim M.D.</b>				23b. ADDRESS <b>2632 S. Kingshighway</b>		23c. DATE SIGNED <b>3-19-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>3-22-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. LEBANON CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, COUNTY MO</b>	
DATE REC'D BY LOCAL REG. <b>MAR 20 '57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Howard E. Hubel 5930 SOUTH WEST</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.....  
Signature of Student Embalmer

Signed *W E Morris*.....

Licensed Embalmer No. *3360*.....

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