

Health,  
Welfare  
Public  
Service

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-57 3

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

FILED JUN 25 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Fulton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kirkwood</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Enroute to Cal. Hosp. null</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>923 N Geyer Rd.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Stephen</b> Last <b>Fillo</b>			4. DATE OF DEATH Month <b>April</b> Day <b>7</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 4, 1922</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Controls</b>	9. AGE (In years last birthday) <b>35</b> FUNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Francis B. Fillo</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Dillon</b>	14. NAME OF HUSBAND OR WIFE <b>Myra Lou Evans Fillo</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 2</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT <b>Frank Fillo</b> Address <b>St. Louis, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushed Thorax</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>8164</b> DUE TO (c) <b>26</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Hiway accident (2 Car Collision)</b>	
20c. TIME OF INJURY <b>3:30 p.m. 4/7/57</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway accident</b>		20f. CITY, TOWN, OR LOCATION <b>Hiway 54 and County 2 Callaway Mo.</b> COUNTY STATE	
21. I attended the deceased from <b>3:55 p</b> to <b>3:55 p</b> and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Nancy A. Stewart</b> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>Fulton, Missouri</b>	22c. DATE SIGNED <b>6/18/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/11/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	23d. LOCATION (City, town, or county) (State) <b>C. St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>Maupin</b> ADDRESS <b>Fulton Mo</b>		25. DATE RECD. BY LOCAL REG. <b>June 22, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Maretta Lawrence</b>

JUL 8 1957  
JUL 15 1957

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 *Henry A. [Signature]* .....

Licensed Embalmer No. *3722*  
P. O. Address *Fuller St*

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.