

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027073
State File No.

FILED AUG 1 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7173

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 09 De Paul Hospital		e. STREET ADDRESS (If rural, give location) 1269 1446 Montgomery St.	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Phillip c. (Last) Iler		4. DATE OF DEATH (Month) (Day) (Year) July 19, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept 7, 1903
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker	11. BIRTHPLACE (City and State or Foreign Country) Portage Des Sioux, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John U. Iler	
13b. MOTHER'S MAIDEN NAME Caroline Weber		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. U	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cecelia Hill, 1204 Park Ave.
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) Diabetic coma ANTECEDENT CAUSES Diabetes mellitus Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 260x 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? 1 YES <input checked="" type="checkbox"/> NO <input 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)	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 July 16, 1958 to July 19, 1958 , that I last saw the deceased alive on July 18, 1958 , and that death occurred at 8:00 A.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Henry C. Westerman, M.D.		23b. ADDRESS 2136 East Grand Ave	23c. DATE SIGNED 7-19-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Motor	24b. DATE July 22, 1958	24c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo Cem	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri.
DATE REC'D BY LOCAL REG. JUL 21 1958		REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ, 4828 NAT'L BRIDGE BLVD

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 *John A. Merriam*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis*

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.