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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042312
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10652

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo. Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital or institution, give street address) HOSPITAL OR INSTITUTION: St. Louis Children's Hospital Length of stay in 1b: 3 Wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Overland, 14, Mo. Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2433 Verona Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Stephen Middle: Wayne Last: Stillman

4. DATE OF DEATH: Month 11- Day 4- Year 58

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]

8. DATE OF BIRTH: 11-30-51

9. AGE (In years last birthday): 6 IF UNDER 1 YEAR: Months 11 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Curtis Nelson Stillman

13b. MOTHER'S MAIDEN NAME: Lydia Godby

14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Alice Trowbridge Address: 500 S. Kingshighway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac congestion & failure; ? CVA	2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Idiopathic myocarditis with mural thrombus	2½ mos.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Duodenal ulcer (probably secondary to steroid therapy) 4201

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-14-58, to 11-4-58 and last saw her/him alive on 11-4-58
Death occurred at 10.55 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm F Klugherz MD (Degree or title) 0

22b. ADDRESS: 500 S. Kingshighway

22c. DATE SIGNED: NOV 6 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11)8)58

23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS: Collier Mortuary, St. Ann, Mo.

25. DATE RECD. BY LOCAL REG.: NOV 6 58

26. REGISTRAR'S SIGNATURE: Earl Smith MD MOB

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Shellton Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann

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.