

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046832  
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3229

300 4  
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OFallon 8128 4930
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home		Length of stay in lb 2 yrs	d. STREET ADDRESS (If outside, give location) 1605 W. 50
3. NAME OF DECEASED (Type or print) First Middle Last Orpha Thiel			4. DATE OF DEATH Month Day Year Dec. 13, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 1, 1892
9. AGE (In years last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse	11. BIRTHPLACE (City and state or country) Williamson Co., Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME John Ed. Miller		13b. MOTHER'S MAIDEN NAME (not known) Fitzgerald	14. NAME OF HUSBAND OR WIFE
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. unK.	17. INFORMANT Address Charles McConnell OFallon, Ill	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive arterio-sclerotic heart disease. DUE TO (c) Generalized arterio-sclerosis.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 6 months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.) 443X	20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 July 1958 to December 58 and last saw her alive on 12-10-58 Death occurred at 12-13-58 6:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Herbert F. ... (Degree or title)		22b. ADDRESS 2287 Yale Ave St. Louis	22c. DATE SIGNED 12-14-58
23a. FUNERAL CREMATION REMOVAL (Specify) Burial	23b. DATE Dec. 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope	23d. LOCATION (City, town, or county) (State) Belleville, Ill
24. FUNERAL DIRECTOR Ches M. Burke	ADDRESS East St. Louis, Ill	25. DATE RECD. BY LOCAL REG. 12/15/58	26. REGISTRAR'S SIGNATURE Herbert R. ...

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

27.

APR 17 1959

MS APR 21 1959

### 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 *Chas M. Burk* .....

Licensed Embalmer No. .... 2121 .....

P. O. Address East St. Louis, I

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.