

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034366

FILED OCT 13 1959

STATE FILE NUMBER

ENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 8435**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		Length of stay in 1b 7 DAYS		c. CITY OR TOWN CREVE COEUR		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 17TH & MARINE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JAMES Middle C. Last STILLMAN				4. DATE OF DEATH Month SEPTEMBER Day 12 Year 1959									
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/13/89		9. AGE (last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) TRUCK DRIVER				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) ST LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME JAMES STILLMAN				13b. MOTHER'S MAIDEN NAME ANNABELL KEUTHAW				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) YES WW I				16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEART FAILURE FOLLOWING SHOCK										INTERVAL BETWEEN ONSET AND DEATH			
DUE TO (b) INTESTINAL INFARCTION													
DUE TO (c) 570.2													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <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 9/5/59 to 9/12/59 and last saw him alive on 9/12/59 Death occurred at 7:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>William F. Bridges</i> (Degree or title) M.D.						22b. ADDRESS VAH, ST. LOUIS, MISSOURI			22c. DATE SIGNED 9/12/59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-15-1959		23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.						
24. FUNERAL DIRECTOR Jos. W. Clark F.H. 1125 Hodiamont					25. DATE RECD. BY LOCAL REG. SEP 14 '59		26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 JW Parbley

Licensed Embalmer No. 36

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.

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