

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-038120

FILED VS OCT 23 1959

Primary Registration District No.

Registrar's No.

2 9370

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b 21 days		c. CITY OR TOWN Alton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1914 Washington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Frank Stillwell				4. DATE OF DEATH Month Day Year October 9, 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 12/17/1878		9. AGE (last Birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Laclede Steel Co.			11. BIRTHPLACE (City and state or country) Jacksonville, Illinois			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Dan Stillwell				13b. MOTHER'S MAIDEN NAME Ellen Knight				14. NAME OF HUSBAND OR WIFE Minnie Stillwell, dec'd					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil				16. SOCIAL SECURITY NO. 354-28-7609A		17. INFORMANT Address Mrs. Albert Hessenauer, 3855 Berkely, Alton, Illinois							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of gall bladder DUE TO (c) 155.1 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 2 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.)							
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 checked="" 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 9-18-59 to 10-9-59 and last saw her/him alive on 10-9-59 Death occurred at 10-9-59, 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Jan Blouse MD						22b. ADDRESS Jewish Hospital of St. Louis			22c. DATE SIGNED 10-9-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/12/59		23c. NAME OF CEMETERY OR CREMATORY Upper Alton Cemetery				23d. LOCATION (City, town, or county) Alton, Illinois					
24. FUNERAL DIRECTOR Smith Funeral Home, Alton, Illinois					ADDRESS		25. DATE RECD. BY LOCAL REG. 10-12-1959		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.				

(Licensed Embalmer's Statement on Reverse Side)

M. A. B.

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. E. Cutforth

Licensed Embalmer No. 5538

P. O. Address 2521 Edu
alt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.