

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **797**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** No. **6220 Hoffman** St. **3** Ward **3**  
 File No. **21966**  
 Registered No. **6114**

**2. FULL NAME**

**Luc H. Lillemann**  
 (a) Residence. No. **6220 Hoffman** St. **3** Ward **3**  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) **June 5 1928**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** **Ella Lillemann**

**17. I HEREBY CERTIFY** That I attended deceased from **January 10, 1926**, to **June 5, 1928** that I last saw him alive on **June 9, 1928**, and that death occurred, on the date stated above, at **9:40 a.m.**

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) **11-3-1873**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**  
**55 | 6 | 22**

**131 Myocarditis chronic**  
**1290**  
**1290** (duration) **1** yrs. **6** mos. **6** da.  
**CONTRIBUTORY (SECONDARY)** **nephritis chronic**  
 (duration) **3** yrs. **6** mos. **6** da.

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work **Real Estate**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Self**  
 (c) Name of employer **Self**

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....

**9. BIRTHPLACE** (CITY OR TOWN) **St. Louis, Mo.**  
 (STATE OR COUNTRY)

**0** DID AN OPERATION PRECEDE DEATH? **NO** DATE OF.....  
 WAS THERE AN AUTOPSY? **NO**

**10. NAME OF FATHER** **Luc Lillemann**

WHAT TEST CONFIRMED DIAGNOSIS.....

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

(Signed) **Augusta Helle**, M.D.

**12. MAIDEN NAME OF MOTHER** **Helen Grotsman**

**6/5, 1928 (Address) 3525 Casswell St**

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

\*State the DISEASE CAUSING DEATH, or in deaths from VICIOUS CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

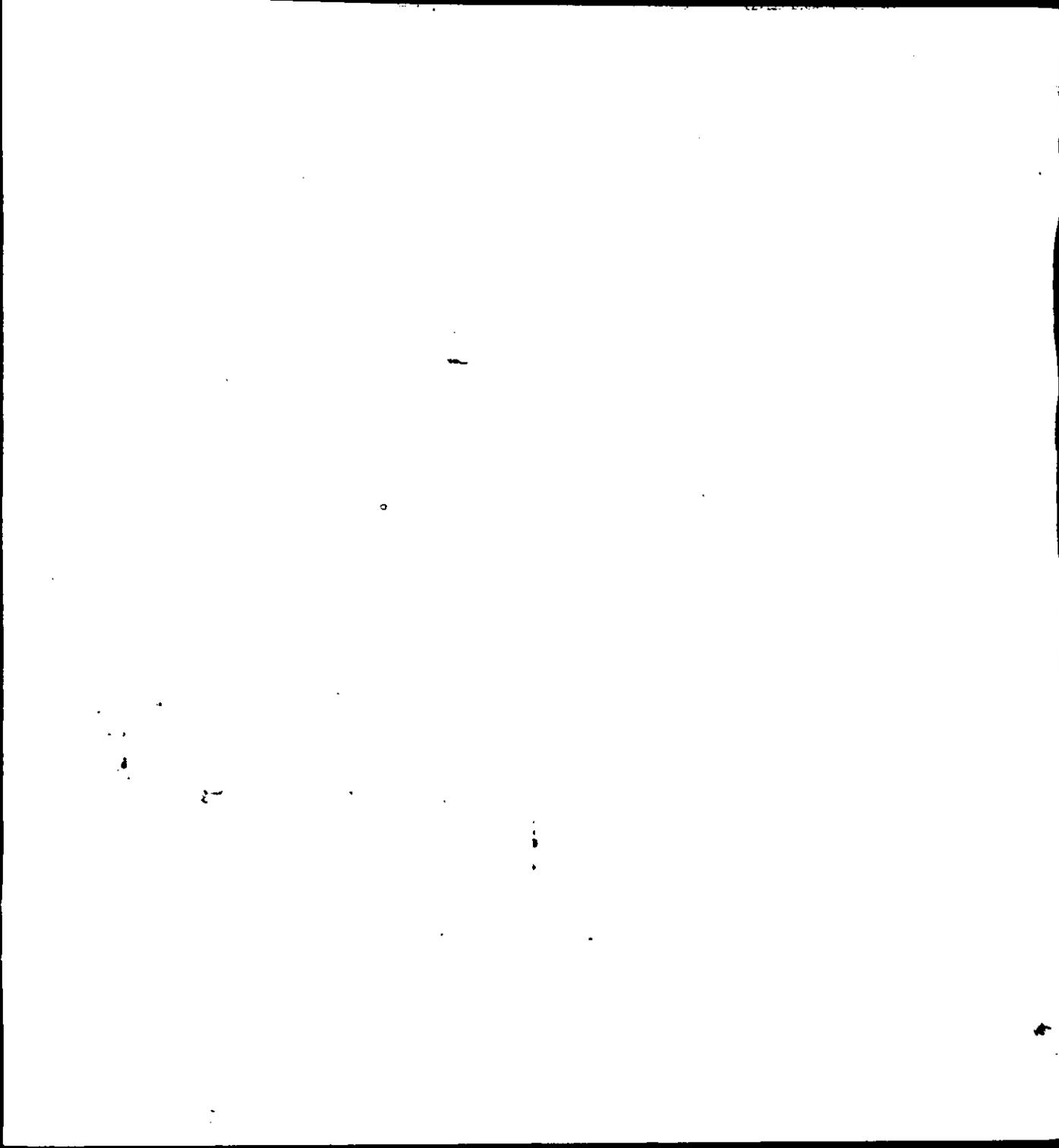
**14. INFORMANT** **Ella Lillemann**  
 (Address) **6220 Hoffman - St. Louis, Mo.**

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **New St. Marcus** **DATE OF BURIAL** **6-8 1928**

**15. FILED** **LN - 7 1928**  
**Wick Biss** REGISTRAR

**20. UNDERTAKER** **Wick Biss 2201 So Grand**

3-4



**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County..... Registration District No. 491  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. ....) St. .... Ward)

File No. ....  
 Registered No. 6114

**2. FULL NAME**

Gus H. Tillerman

(a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 - 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19..... that I last saw h. .... at ..... 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-13-1873

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
54 6 22

..... (duration) ..... yrs. .... mos. .... ds.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

CONTRIBUTORY (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER

WHAT TEST CONFIRMED DIAGNOSIS?.....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

(Signed)....., M. D. , 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED JUN 11 1928 May C. Stanley REGISTER

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important. Do not leave blank, so that it may be properly classified.

SUPPLEMENTARY

2-21960