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

Do not use this space.

10370

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2349

City St. Louis (No. 4409 Chippewa St. ..... Ward)

2. FULL NAME Edward Tillewein

(a) Residence. No. 4409 Chippewa St., 24 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 2 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	5	3	

8. OCCUPATION OF DECEASED Labor

(a) Trade, profession, or particular kind of work Employee

(b) General nature of industry, business, or establishment in which employed (or employer) Park Dep't.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Joseph Tillewein

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

12. MAIDEN NAME OF MOTHER Adelaide Major

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

14. INFORMANT Henry Tillewein
(Address) 4409 Chippewa St

15. FILED ....., 19 Max C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 5 1930

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1929, to Mar. 5, 1930 that I last saw him alive on Mar. 5, 1930 and that death occurred, on the date stated above, at 12:50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Pneumonia
No Broncho or Lobar #103
46 R
95 B
(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis; Carcinoma of Hesophagus (duration) — yrs. 10 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ——

DID AN OPERATION PRECEDE DEATH? No DATE OF ——

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical, Microscopical, X-Ray

(Signed) T. E. McGurk, M. D.

, 19 (Address) 3951 Gravois

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Old St. Marcus Cem.	3-8 1930

20. UNDERTAKER	ADDRESS
Witt Bros. L & U. Co. 2929	S. Jefferson

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.