

JAN 10 1937

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

Do not use this space.

791  
1003

47020

File No. ....  
Registered No. **12843**  
St. .... Ward)

## 1. PLACE OF DEATH

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City St. Louis, MissouriCity Hospital No. 1B. 13936

Mary Tillison

## 2. FULL NAME

(a) Residence, No. ....  
(Usual place of abode)1822 MenardSt., 23 Ward.

(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 female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
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5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF Charles Tillison6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>55</u>		<u>8</u>	<u>18</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>hwk</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>at home</u>
	10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)13. NAME Wm. Van Houser14. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)15. MAIDEN NAME Sina Keown16. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)17. INFORMANT Hosp. Info. M. H. Kent  
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Tray HillDATE 12/31193619. UNDERTAKER Edith E. Ambrosius  
(ADDRESS) 4234 Manchester

20. FILED

DEC 30 1936J. Brebeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28/36, 1922. I HEREBY CERTIFY, That I attended deceased from  
12/27/36, 19, to 12/28/36, 19.I last saw her alive on 12/28/36, 19. Death is said  
to have occurred on the date stated above, at 11.55p.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary tuberculosis  
73.

Other contributory causes of importance:

tuberculosis  
pneumonia

Name of operation .....

Date of .....

What test confirmed diagnosis? .....

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

Date of injury .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Keogh(Address) City Hospital No. 1

M. D.

MARGIN RESERVED FOR BINDING  
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.

