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.

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

Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28934

Township ..... Primary Registration District No. 1003 Registered No. 7567

City St. Louis (No. St. Anthony's Hosp. St. Ward)

2. FULL NAME Frank Till

(a) Residence, No. 5335 Gilson Ave., St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22nd 1879

7. AGE: YEARS 58 MONTHS 0 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

FATHER

13. NAME: Mathew Till

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

17. INFORMANT (ADDRESS): Stephania Till Hungary

18. BURIAL, CREMATION, OR REMOVAL PLACE: Missouri Crematory 8/11/37 19

19. UNDERTAKER (ADDRESS): J. L. Ziegenhein & Sons 7027 Gravois Ave.,

20. FILED AUG 10 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from January 3rd, 1937, to Aug 8, 1937

I last saw him alive on Aug. 8th, 1937. Death is said to have occurred on the date stated above, at 9:30 P. M.

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

Chronic Myocarditis — Date of onset: 1 year

Other contributory causes of importance:

Cirrhosis of liver

Name of operation: none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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

Accident, suicide, or homicide? — Date of injury —, 19

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? No

If so, specify

(Signed) H. Julius Chas Kotter, M. D.

(Address) 2603 Cherokee

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