

FEB 12 1938

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

191  
Do not use this space.

791 /  
1008 /

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. Mo. Baptist Hosp. St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Helen Marie Tilton 436  
(a) Residence, No. 439 S. Clay Ave. St. WA Kirkwood Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
33 4 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nul  
9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME Charles Mueller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME nul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) nul

17. INFORMANT (ADDRESS) Mrs. Clara Tilton  
5914 Pershing Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE 1/2/37, 19...

19. FUNERAL DIRECTOR (ADDRESS) Louis H. Boyce  
131 W. Argonne, Kirkwood

20. FILED JAN 9 1938 J. Predeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 2 - 1938

22. I HEREBY CERTIFY That I attended deceased from Dec - 10 - 1937 to Jan - 2 - 1938

I last saw him alive on Jan 2, 1938. Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Broncho Pneumonia Date of onset 12/15/37

11a  
Other contributory causes of importance: Probably Influenza - 10-2-37

Name of operation None Date of .....  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Charles H. White I, M. D.  
(Address) 508 N. Grand - St Louis Mo.

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.

*[Handwritten scribble]*

STATEMENT BY LICENSED EMBALMER

I, *Reeand H Bopp*, Licensed Embalmer No. *3042*  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed *Reeand H Bopp*  
Licensed Embalmer No. *3042*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**