

RECORD MAKE A PLAINTEXT 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
791  
JAN 17 1940  
Registration District No. 7003

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 404  
Registrar's No. 404

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_ /  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Catherine Tillman  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Jack 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 27 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>15</u>	hr. _____ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Raymond De LaBar  
(b) Address 2601 S. Broadway

17. (a) Burial (b) Date thereof Jan. 16, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Parklawn Cemetery

18. (a) Signature of funeral director Hoffmeister & Co.  
(b) Address 7814 S. Broadway

19. (a) JAN 15 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
Missouri  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2601 S. Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 12,  
year 1940 hour 2:30 minute A. M.  
21. I hereby certify that I attended the deceased from January 9, 1940 to January 12, 1940  
that I last saw her alive on January 12, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Suppurative Deep Ulcer  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature R. R. Lewis (M. D. or other)  
Address 1515 Lafayette, 1/12/40  
Date signed

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Linus C. Hoffmeister*

Licensed Embalmer No.....

*3871*

P. O. Address.....

*7814 S. ...*

**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.)**

**If this body is not embalmed, above space should be left blank.**