

No. 2  
1-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 23430  
Registrar's No. 5782

FILED AUG 28 1941  
Registration District No. 7617

Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2039 East Prairie  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Orville A. Tillman  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 489-03-9632

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced, married  
7. Birth date of deceased: Nov. 19, 1901  
(Month) (Day) (Year)

8. AGE: Years 39 Months 7 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Indiana  
(City, town, or county) (State or foreign country)  
10. Usual occupation Shoemaker

11. Industry or business \_\_\_\_\_  
12. Name Fred Tillman  
13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)  
14. Maiden name Philomenia Pfaff  
15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Tillman  
(b) Address 2039 E. Prairie  
17. (a) Burial (b) Date thereof 7/15, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. Gubben & Son, Inc.  
(b) Address 2842 Meramec St.  
19. (a) JUL 14 1941 (b) J. J. Halsek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2039 E. Prairie  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 12,  
year 1941 hour 11 minute 20A. M.  
21. I hereby certify that I attended the deceased from June  
1940 19 \_\_\_\_\_ to July 12 19 41.  
that I last saw him alive on July 12 19 41.  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of  
Colon + Bladder + Metastasis -  
Primary site colon  
(Primary Bladder)  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death) 46 9

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy None  
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?  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. McDonald (M. D. or other) D  
Address 3658 W Pine Date signed 7/14/41

**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 *Loren C. Percy*  
Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING (or by a person duly authorized to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.