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Mo 3566 3693  
State File No.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 98

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Veterans' Administration Facility  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 1/11/42  
(Specify whether years, months or days)

In this community Since 1/11/42

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4049 Wyoming  
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME Lee W. Tillson

3. (b) If veteran, name war SPANISH-AMERICAN

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12  
year 1942 hour 4:40 minute A. M.

21. I hereby certify that I attended the deceased from January 11, 1942 to January 12, 1942;

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased November 13 1871  
(Month) (Day) (Year)

that I last saw him alive on January 12, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, chronic, with abnormal retention of nitrogen; no edema. Diabetes mellitus, and  
generalized arteriosclerosis.

8. AGE: Years Months Days If less than one day

70 1 29 - hr. - min.

Due to -

Other conditions -  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Automotive supply business

Major findings: -

Of operations -

Of autopsy Yes - see cause of death.

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

11. Industry or business -

MOTHER FATHER { 12. Name Roland Tillson

13. Birthplace Potosi, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Iamzine

15. Birthplace Potosi, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schellig

(b) Address Clinical Clerk, VAF, Jeff. Brks., Mo.

17. (a) Burial (b) Date thereof 1-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Henry Heier

(b) Address 18 St. Louis, Mo.

19. (a) JAN 13 1942 (b) L. M. O'SHEIRAN  
(Date received local registrar) (Registrar's signature)

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)

23. Signature L. M. O'SHEIRAN, M.D. (M. D. or other)  
Address Chief Medical Officer Date signed -

**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.....

*Ray W. Wilkinson*

Licensed Embalmer No.....

*3575*

P. O. Address.....

**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, fact should be so stated above.**