No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29241

Registrar's No. 7922

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: 3704 Osceola St., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri, (b) County 17

(c) City or town St. Louis, 157 (If outside city or town limits, write "RURAL")

(d) Street No. 3704 Osceola St., 0 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Katherine Tillman,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female, 1

5. Color or race White,

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

6. (b) Name of husband or wife Herman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 31, (Day) 1872, (Year)

8. AGE: Years 70 | Months -0- | Days 22 | If less than one day hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

MOTHER FATHER

12. Name Joseph Otto,

13. Birthplace Germany, 4 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Nilges,

15. Birthplace Missouri, D (City, town, or county) (State or foreign country)

16. (a) Informant John V. Tillman,

(b) Address 3704 Osceola St.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 9/25/42, (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) SEP 22 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22 year 1942 hour 9: minute 30 P. M.

21. I hereby certify that I attended the deceased from about Aug 9, 1942 to Sept 22, 1942 that I last saw h. alive on Sept. 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Dilatation — Duration

Due to Arteriosclerosis

Due to

Other conditions Diabetes Mellitus (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. Stephen M.D. (M.D. or other)

Address 3706 Lafayette Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Joe D. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, Mo.

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

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