

No. 2  
1-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38945

State File No. ....

Registrar's No. ....

FILED JAN 14 1943 818

1003

128

Registration District No. ....

Primary Registration District No. ....

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:  
1554 S. Spring  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 3yrs. 11 mos.  
years, months or days (Specify whether)

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..... 1554 South Spring  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

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3. (a) PRINT FULL NAME Thomas Paul Killian

(b) If veteran, name war..... none  
(c) Social Security No..... none

4. Sex..... Male 5. Color or race..... White  
6. (a) Single, widowed, married, divorced..... Single  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... Feb. 1, 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 11 4 hr. min.

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

10. Usual occupation..... none

11. Industry or business.....

MOTHER FATHER  
12. Name..... Maurice Paul Killian  
13. Birthplace..... Frederick Town Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Mary Jane Mattox  
15. Birthplace..... St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Maurice Paul Killian  
(b) Address..... 1554 South Spring Ave.

17. (a) Burial..... (b) Date thereof..... Jan. 8 '43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Thos J. Suran  
(b) Address..... 1519 S. Grand Blvd.

19. (a) JAN 6 1943 (b) J. F. Bealeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan day..... 5  
year..... 1943 hour..... 11 minute..... a M.

21. I hereby certify that I attended the deceased from.....  
Jan 4 1943 to..... Jan 5 1943  
that I last saw him alive on..... Jan 5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Lobar Pneumonia  
Duration..... 2 days

Due to..... 108  
Due to..... Brain Tumor (Benign) 13 yrs.  
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)..... no  
(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)  
Means of injury.....  
23. Signature..... Delbert Dalms (M. D. or other).....  
Address..... 144-2 So Grand Date signed..... 1-8-43

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

**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.....

*Thomas J. Fuman*

Licensed Embalmer No. ....

*1197*

P. O. Address.....

*Dr. Fuman Md*

**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.**