835

S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. FILED FEB 1 1943 318 Primary Registration District No. 1003 Registrar's No. 583

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: 3527 MArKeT, ST
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17 9 6

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

(d) Street No. 3527 MArKeT, ST
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CarrieTillMAN.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FeMAle

5. Color or race 3 C

6. (a) Single, widowed, married, divorced 2 Widowed.

6. (b) Name of husband or wife George

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

7. Birth date of deceased 5 (Month) 6 (Day) 1883 (Year)

8. AGE: Years 59 Months 8 Days 11 If less than one day hr. min.

9. Birthplace ST Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation JANITress.

11. Industry or business

FATHER
12. Name RobertPorTrightT.
13. Birthplace UNKNOWN (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Sidney SMITH
15. Birthplace UNKNOWN. (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant George Tillman
(b) Address 3527 market St.

17. (a) BuriAl (Burial, cremation, or removal) (b) Date thereof 1-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington

19. (a) JAN 20 1943 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17th year 1943 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from 2/23, 1942 to Jan. 17, 1943 that I last saw her alive on Jan. 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
myocarditis	1 yr.
Due to	
Due to	
Other conditions none (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 Chas. Wolff (M. D. ~~or other~~)
Address 1418 Franklin Date signed 1/19/43

(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.....

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

working under my personal supervision.

Signed William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address #221 W Cote Brille

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.