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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15575

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 1111

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 5 Months & 5 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau 16
(c) City or town Cape Girardeau, N 4 (If outside city or town limits, write "RURAL")
(d) Street No. 722 Giboney (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Martin Luther Tilley
3. (b) If veteran, name war None
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Tilley
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased 2 (Month) 15 (Day) 1894 (Year)

8. AGE: Years 49 Months 2 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Advance (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Lumberman
11. Industry or business Lumber
FATHER
12. Name Thompson D. Tilley
13. Birthplace Advance (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name Elizabeth Vinson
15. Birthplace Advance (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Mrs. Edna Tilley
(b) Address Cape Girardeau, Mo
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 5-10-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem. Advance Mo
18. (a) Signature of funeral director Seabaugh Funeral Home
(b) Address Cape Girardeau Mo
19. (a) 5-10-43 (Date received local registrar) (b) C. G. McCarron MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8 year 1943 hour 3-4 ~~minute~~ P.M.
21. I hereby certify that I attended the deceased from Dec 3d, 1942, to 5-8, 1943 that I last saw him alive on May 8th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	
Due to Severance spinal cord	6 mo
Due to Fr. lumbar spine	6 mo
Other conditions Paralysis lower extremities bladder etc (Include pregnancy within 3 months of death)	6 mo

Major findings:
Of operations none
Of autopsy none 195

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) Accident
(b) Date of occurrence Dec 3d - 1942 115
(c) Where did injury occur? Cape Girardeau Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)
While at work? yes (e) Means of injury Struck etc
23. Signature E. Dunsch (M. D. or other) MD
Address 4101 Laclede Date signed 5-10-43

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1943

JUL 12 1943

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 Frank Prokopf, Registered Apprentice No. 339, working under my personal supervision.

Signed William T. Hirons

Licensed Embalmer No. 4319

P. O. Address St Louis Mo

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.