

FILED FEB 18 1944

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. 1485

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community  
years, months or days) Ervin Tilley

3. (a) PRINT FULL NAME Ervin Tilley Ervin

3. (b) If veteran,  name war ..... 3.  Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive, 1860 years

7. Birth date of deceased Feb-7-1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 30 hr. min.

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

10. Usual occupation farmer

11. Industry or business General farming

12. Name Martin Tilley

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

14. Maiden name Elizabeth Williamson

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

16. (a) Informant Ben Pierce

(b) Address St. Clair, Mo.

17. (a) Married (b) Date thereof 2-9-44  
(City or town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Project Cemetery

18. (a) Signature of funeral director Thomas H. Bell  
(b) Address St. Clair, Mo.

19. (a) FEB 18 1944 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 36  
(c) City or town St. Clair (If outside city or town limits, write "RURAL") NR.  
(d) Street No. F (If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - day 6  
year 1944 hour 7:25 minute P.M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;

that I last saw him ..... alive on ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death fracture of right femur arteriosclerosis suffered when deceased fell at the home of his niece in St. Clair, Mo on Jan 31 - 1944  
Due to .....  
Due to ..... exact time unknown

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 0.75

(b) Date of occurrence 1-31-44

(c) Where did injury occur? St. Clair, Franklin Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Form

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature Thomas H. Bell (M. D. or other) Deputy Coroner  
Address St. Clair, Mo. Date signed Feb 7 1944

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

MOTHER, FATHER

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**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 *Sherwood Hitchell*

Licensed Embalmer No. *3873*

P. O. Address *St. Clair, 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.**