

No. 2
8-43
7-39
X37823

FILED MAY 25 1944 18

Primary Registration District No. 1003

Registrar's No. 4535

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:
BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 9 days
years, months or days

3. (a) PRINT FULL NAME ALFRED ROBERT TILLY

3. (b) If veteran, name war _____

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 Dorothy

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased July 6th 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

31 10 10 hr. _____ min.

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

10. Usual occupation Chemist

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred R. Tilly

{ 13. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)

{ 14. Maiden name Louise Maschmeyer

{ 15. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Tilly

(b) Address Kokomo Indiana

17. (a) Removal (b) Date thereof 5-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indianapolis, Ind.

18. (e) Signature of funeral director Alfred E. Jones

(b) Address 6175 Lafayette Blvd

19. (a) MAY 16 1944 (Date received local registrar)
J. F. Buresch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Indiana (b) County 12

(c) City or town Kokomo
(If outside city or town limits, write "RURAL") NR

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1944 hour 8 minute 28 A.M.

21. I hereby certify that I attended the deceased from May 7, 1944, to May 16, 1944
that I last saw him alive on May 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous Leukemia 5 months
Duration

Due to 74

Due to _____

Other conditions Urinary infections of prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Splenomegaly & hepatomegaly
Hepatomegaly

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature M. C. Campbell (M. D. or other)
Address _____ Date signed 5/16/44

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

Embalmer Separate Cert filed MAY 16 19

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.....

Licensed Embalmer No.....

P. O. Address.....

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.