

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Pronounced dead at Homer G. Phillips Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

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. **3655 Easton Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Christopher Columbus Tillman**

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

4. Sex **Male** 5. Color or race **Negro** 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 **4 5 1882**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **6** Days **9** If less than one day hr. min.

9. Birthplace **Bellebuckle, Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **CLERK**

11. Industry or business.....

12. Name **Ambrose Tillman**

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

14. Maiden name **Emma Venny**

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

16. (a) Informant **Maggie Tillman Hopkins**

(b) Address **3908 Finney Ave.**

17. (a) **BURIAL** (b) Date thereof **10-19-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem**

18. (a) Signature of funeral director **Russell Und Co.**

(b) Address **2732 Pine St**

19. (a) **OCT 19 1945** (b) **J. J. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **14**  
year **1945** hour **9:00** minute **P** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Ruptured Aortic Aneurysm.** Duration.....  
**Cause undetermined**

Due to.....

Due to.....

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).....

(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)  
By means of injury.....

23. Signature **W. Fred Perry** (M. D. or other) **3**  
Address **Deputy Attorney** Date signed **10/18/45**

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

MOTHER FATHER

**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

*Jacl Russell*

Licensed Embalmer No. *412*

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.**