

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH 1003

FILED DES 28 1945

Registration District No. Primary Registration District No.

1. PLACE OF DEATH: (a) County St. Louis, Missouri (b) City or town St. Louis (c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial (d) Length of stay: 12 days

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County (c) City or town St. Louis (d) Street No. 4330 Hunt (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ROBERT TILLOTSON (b) If veteran (c) Social Security No. (d) Sex Male (e) Color or race White (f) (g) Single, widowed, married, divorced, Widowed (h) Name of husband or wife Minnie (i) (j) Age of husband or wife if alive (k) Birth date of deceased Unknown MARCH 19, 1872

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Dec. day 7th year 1945 hour 5:30 minute P M. 21. I hereby certify that I attended the deceased from 12/3/45 to 12/7/45 that I last saw him alive on 12/7/45 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 8 Days 18

Immediate cause of death: Bilateral Lobar Pneumonia. Duration: 100

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

10. Usual occupation Nil 11. Industry or business 12. Name ? Tillotson 13. Birthplace Unknown (City, town, or county) (State or foreign country) 14. Maiden name Ann Millner 15. Birthplace Va. (City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death) Major findings: Of operations Of autopsy

16. (a) Informant J.E. Ferree (b) Address 1600 Langdon St. Alton, Ill. 17. (a) Burial (b) Date thereof 12/12/45 (c) Place: burial or cremation St. Matthews 18. (a) Signature of funeral director Edith E. Ambruster (b) Address 4234 Manchester 19. (a) DEC 11 1945 (Date received local registrar) J. F. Brusch (Registrar's signature)

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? 23. Signature Joseph B. Clay (Specify type of place) (e) Means of injury 125 Lafayette (City or town) (State) Date signed 12/11/45

JUN 22 1954

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.