

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 17 1946 **STANDARD CERTIFICATE OF DEATH** **1003**

18977

State File No.

Registration District No. **318**

Primary Registration District No.

Registrar's No. **4110**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(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: **En route City 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.
years, months or days)

3. (a) PRINT FULL NAME Clarence Antone Tillman

3. (b) If veteran, name war. 3. (c) Social Security No. **497-07 3798**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Josephine Tillman** 6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **Oct. 27, 1908**
(Month) (Day) (Year)

8. AGE: Years **37** Months **6** Days **9** If less than one day
hr. min.

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

10. Usual occupation **packing house worker**

11. Industry or business

12. Name **Frank Tillman**

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

14. Maiden name **Lena Beck**

15. Birthplace **Loose Creek, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Josephine Tillman**

(b) Address **3690 W. Pine**

17. (a) **Burial** (b) Date thereof **5-6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Linn, Missouri**

18. (c) Signature of funeral director **Charles E. Taylor**

(b) Address **Box 144, Linn, Mo.**

19. (a) **MAY 6 1946** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3690 West Pine**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month **May** day **6th**
year **1946** hour **8:30** minute **40** A. M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

While at work? (Specify type of place)
(or) Means of injury
23. Signature **Charles E. Taylor** (M. D. or other)
Address **1300 Clark** Date signed **5/6/46**

JUN 2 1961 7 2 AM

STATEMENT BY LICENSED EMBALMER

*to be embalmed at
Linton, N.C.*

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.