S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 5/7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7580

Primary Registration District No. 6076

Registrar's No. 559

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Rural, Meramec Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None, Forby Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Rural, Eureka, R.R. 1.
(If outside city or town limits, write "RURAL")

(d) Street No.: Forby Road
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Price Spilman Tillery

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Prudence Tillery

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: Nov. 29 1861 (Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 13 If less than one day: hr. min.

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

10. Usual occupation: Supt. of grounds

11. Industry or business: Frank Lyman Inc.

FATHER
12. Name: William Tillery
13. Birthplace: ? (City, town, or county) New Jersey (State or foreign country)

MOTHER
14. Maiden name: Susan Robinson
15. Birthplace: ? (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: Mrs. Prudence Tillery

(b) Address: Eureka Mo. R.R. 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/15/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: Schrader Funeral Home

(b) Address: Ballwin Mo.

19. (a) 3-14-47 (Date received local registrar) (b) Ruth Hillen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. day: 12 year: 1947 hour: 11 minute: 45 A M.

21. I hereby certify that I attended the deceased from 3-10 / 3-12, 1947 to 3-12, 1947 that I last saw him alive on 3-11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to: Arteriosclerosis	
Due to: 830	
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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: A. N. Brock (M. D. or other)

Address: Eureka Mo. Date signed: 3-13-47

(Licensed Embalmer's Statement on Reverse Side)

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.