

No. 2  
-5-43  
5-17-39  
I X36671

FILED MAR 25 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**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 **82 days**  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

**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. **4544 Adkins Ave**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Fred Rudolph Till**

3. (b) If veteran, name war **\*\*\*\*\***

3. (c) Social Security **489-10-8997**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March** day **7**  
 year **1947** hour **2** minute **45** A.M.

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Hattie Till**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **March 21 1875**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 16 1946** to **March 7 1947**  
 that I last saw him alive on **March 7 1947**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Arteriosclerotic heart disease** **sufficiency**

**8. AGE:**

Years	Months	Days	If less than one day
<b>71</b>	<b>11</b>	<b>22</b>	hr. _____ min. <b>4</b>

Due to **Arteriosclerotic heart disease**

Due to **Bronchopneumonia**

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

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

10. Usual occupation **Metal Polisher, Retired**

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy **Arteriosclerotic heart disease & multiple myocardial infarcts**

11. Industry or business \_\_\_\_\_

12. Name **Fred Till**

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

14. Maiden name **Unknown**

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

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? \_\_\_\_\_

16. (a) Informant **Hattie Till**

(b) Address **4544 Adkins Ave**

17. (a) **Burial** (b) Date thereof **1-10-1947**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **F. R. ...** (M. D. or other) \_\_\_\_\_  
 Address **Barnes Hospital** Date signed **3-7-47**

18. (a) Signature of funeral director **Zeigender Bros.**

(b) Address **6409 Gravois Ave**

19. (a) **MAR 10 1947** (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

MAR 25 1947

STATE OF OHIO  
DEPARTMENT OF HEALTH

NO. 1-18-100  
MAR 25 1947

**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..... *Homer N. Dritz* .....  
Licensed Embalmer No. *5882* .....  
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.**