No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40260

FILED DEC 6 1947 318

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 10696

1. PLACE OF DEATH:
(a) County ____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1525 N. Grand Blvd.
(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. 1525 N. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Thomas M. Titley
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Nettie Mary Titley
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased 2 - 1 - 1872 (Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace Colorado (City, town, or county) (State or foreign country)
10. Usual occupation Confectionery Operator
11. Industry or business ____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robert E. Carr
(b) Address 3500 Hebert St.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Drelmann-Harral
(b) Address 1905 Union Blvd.
19. (a) NOV 21 1947 (Date received local registrar) J. F. Bruecks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1947 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from January 30, 1946 to Nov 18, 1947 that I last saw him alive on Nov 15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 yr?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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

23. Signature Lorraine Lee (M. D. or other)
Address 601 Lotus Ave Date signed 11-19-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Irl R. Hicks

6201 Lotus

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. Warren A. Carver

Licensed Embalmer No. 3534

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.