FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21402

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5399

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: 4173a Farlin Avenue
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4173a Farlin Avenue 9
(If rural, give location)

(e) Citizen of foreign country? 10 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MOLLIE TILKER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Henry Tilker

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

7. Birth date of deceased 7 (Month) 17 (Day) 1874 (Year)

8. AGE: Years 73 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Mascoutah, (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Trachte 4
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Louisa Gerdes
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. Irene Becker
(b) Address 4173a Farlin Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Kraeger-Voss, Inc
(b) Address 3402 N. Kingshighway

19. (a) JUN 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th year 1948 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 1-48, 19 , to , 19 , that I last saw her alive on June 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 5 yrs

Due to Arteriosclerosis General — 10 yrs

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 F. J. Medler (M. D. or other) MD

Address 4114 W Lonsdale Date signed 6/14/48

F. J. Medler

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

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

NOV 24 1948

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 Gustav W. Deutsch

Licensed Embalmer No. 4329

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.