No. 300
10-48

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FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9663

State File No.

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (in this place): Life time
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1127 North Fourth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
d. STREET ADDRESS (If rural, give location): 1127 North Fourth

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3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ------
c. (Last): TILLMAN

4. DATE OF DEATH (Month) (Day) (Year): March 25 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 25-1863
9. AGE (In years last birthday): 86 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): St. Charles County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Holtfoester
13b. MOTHER'S MAIDEN NAME: Mary Tuersmeier
14. NAME OF HUSBAND OR WIFE: Peter Tillman, dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NIL
17. INFORMANT'S SIGNATURE OR NAME: Clara Tillman
ADDRESS: St. Charles, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary artery disease (thrombosis) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): generalized arteriosclerosis — 10 years ??
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Basal cell carcinoma of scalp (frontal) — 6 mos

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP): St Charles (COUNTY): St Charles (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* July, 19 47, *to* March 25, 19 49 *that I last saw the deceased alive on* 3-25, 19 49, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: George E. Fisher (Degree or title): MD
23b. ADDRESS: St Charles, Mo
23c. DATE SIGNED: 3-26-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March 28-1949
24c. NAME OF CEMETERY OR CREMATORY: St. Peter Cemetery
24d. LOCATION (City, town, or county) (State): St. Charles, Missouri

DATE REC'D BY LOCAL REG.: 3/29/49
REGISTRAR'S SIGNATURE: Samuel Hamilton 244
25. FUNERAL DIRECTOR'S SIGNATURE: H. C. Wallmeyer & Sons Co
ADDRESS: 800 N. 2nd St. St Charles, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 8 1949

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~~ _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Joseph I. Lancaster
Licensed Embalmer No. 4189
P. O. Address St Charles 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.