

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10723  
2251  
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples			d. STREET ADDRESS (If rural, give location) 308 Exchange Ave		
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle)		c. (Last) Tillman	
4. DATE OF DEATH 3-5-51		5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>unknown about</i>		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY <i>unemployed</i>		11. BIRTHPLACE (State or foreign country) <i>unk</i>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>unk.</i>		13b. MOTHER'S MAIDEN NAME <i>unk</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>unk</i>		16. SOCIAL SECURITY NO. <i>unk</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Willie Richards</i>		ADDRESS 310 Exchange		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Cardiovascular Disease</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b)			
*This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H43X</i>	
22. I hereby certify that I attended the deceased from <i>2-21, 1951</i> to <i>3-5, 1951</i> , that I last saw the deceased alive on <i>3-5, 1951</i> , and that death occurred at <i>5:40 p.m.</i> from the causes and on the date stated above.					
23a. SIGNATURE <i>W. Kenney M.D.</i>		23b. ADDRESS <i>154 N. Main, St. Louis</i>		23c. DATE SIGNED <i>3-9-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>3-9-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Douglas</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>D. J. Nash</i>		ADDRESS <i>3847 Page</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>W. Kenney</i>		MAR 1 1951			

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

Kenney

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *M. James Nash*.....

Licensed Embalmer No. *7434*.....

P. O. Address *3847 Page*.....

**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.