

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25403
6557

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>428 Sulliman Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer S. Phillips</u>			

3. NAME OF DECEASED (Type or Print) <u>Mr. J. C. Tillman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 21 51</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9-1-1919</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Matress Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Marion Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Sam Tillman</u>	13b. MOTHER'S MAIDEN NAME <u>Claudia Swananville</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes-no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Candella Wolf</u>	ADDRESS <u>4223 W. Ashland</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardium following</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>stab wound of heart suffered in the hands of one John D. Williams (Col) on front of about</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1023 Cole St about 12:20 AM July 21-1951</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Homeicide</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT—SUICIDE—HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, (auto, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo Ark</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>See above E982X</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph M. Quinn</u>	23b. ADDRESS <u>1308 Clark</u>	23c. DATE SIGNED <u>7/23/51</u>
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24a. BURIAL, CREMATION (REMOVE) (Specify) <u>Helena Ark</u>	24b. DATE <u>7-26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spring Lake Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ark</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Lanster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>GUS Howe</u>	ADDRESS <u>2930 Dickson St</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Arthur L. Heulhard*

Licensed Embalmer No. *4231*

P. O. Address *4740th Eupler Dr*

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.