

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11159**

FILED MAR 20 1952

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 653			
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS		c. LENGTH OF STAY (in this place) 5 OR TOWN Webster Groves		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves					
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL				d. STREET ADDRESS (If rural, give location) 301 East Swon Ave;					
3. NAME OF DECEASED (Type or Print) ROBERT RENICK TILLEY.			a. (First) ROBERT b. (Middle) RENICK c. (Last) TILLEY.			4. DATE OF DEATH Mar. 10, 1952			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 20, 1887			
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 6 Days		IF UNDER 4 HRS. Hours 6 Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr., St. Louis Clearing House Association.			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Francis Tilley		13b. MOTHER'S MAIDEN NAME Mary Renick.		14. NAME OF HUSBAND OR WIFE Mary I. Tilley.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Years, if unknown) Yes		16. SOCIAL SECURITY NO. W.W. I 494-05-5695		17. INFORMANT'S SIGNATURE OR NAME Mary I. Tilley; Webster Groves, 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) Rupture of aortic aneurism ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Colon						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 451X-H				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from March 10, 1952 , to March 10, 1952 , that I last saw the deceased alive on March 10, 1952 , and that death occurred at 2:45 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE W. H. Olmsted M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 3/11/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-13-1952		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. 3-11-52		REGISTRAR'S SIGNATURE Herbert R. Donke MO		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd.					

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.