

FILED OCT 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34455

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2434

1. PLACE OF DEATH a. COUNTY ST LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. LENGTH OF STAY (In this place) 2 WKS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LOUIS CO. HOSPITAL			d. STREET ADDRESS (If rural, give location) 7960 MANCHESTER AVE		
3. NAME OF DECEASED (Type or Print) ARTHUR		a. (First)	b. (Middle)	c. (Last) TILDEN	4. DATE OF DEATH (Month) (Day) (Year) Sept. 11 1953
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12-17-1873	9. AGE (In years last birthday) 79	# UNDER 1 YEAR Months 8 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Operator	10b. KIND OF BUSINESS OR INDUSTRY Auto Serv. Sta.	11. BIRTHPLACE (City and State or Foreign Country) Dearborn, Mich.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alton Tilden		13b. MOTHER'S MAIDEN NAME Marietta Sine		14. NAME OF HUSBAND OR WIFE Eldora Tilden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 490-14-6737	17. INFORMANT'S SIGNATURE OR NAME George W. Tilden, Sr.		ADDRESS 7218 E. High, Jefferson City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Due to (b) Cerebral Thrombosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) (Min.)	
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 8-27-1953 , to 9-11-1953 , that I last saw the deceased alive on 9-11-1953 , and that death occurred at 8:30 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Charles E. Brodine, M.D.		23b. ADDRESS 601 S. Brentwood Blvd. Clayton Mo.		23c. DATE SIGNED 9-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-14-53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Ceme.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. 9/14/53	REGISTRAR'S SIGNATURE Herbert B. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.		

(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

J.P. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.