Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020224
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5496

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis, Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 3639 California Ave., Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri, b. COUNTY

c. CITY OR TOWN St. Louis, Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 224 3639 California Ave., Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Anton Middle Last Tillmann,

4. DATE OF DEATH Month May Day 25, Year 1958

5. SEX Male. 0

6. COLOR OR RACE White,

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH October 15, 1890

9. AGE (In years last birthday) 67 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) Builder

10b. KIND OF BUSINESS OR INDUSTRY Self employed

11. BIRTHPLACE (City and state or country) Yugoslavia 6

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Tillmann,

13b. MOTHER'S MAIDEN NAME Elizabeth Sorgen

14. NAME OF HUSBAND OR WIFE Rosa Tillmann,

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. 486-38-7704

17. INFORMANT Mrs. Rosa Tillmann, Address 3639 California Ave.,

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinomatosis — 6 month

DUE TO (c) Carcinoma of bladder (urinary) — 1½ years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) generalized arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 181.0

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from November 55, to May 58 and last saw ~~her~~ him alive on May 21 - 58
Death occurred at 8:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Maximilian Weitman, M.D. 0

22b. ADDRESS 3530 ARSENAL, St. Louis

22c. DATE SIGNED 5-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 5/28/58

23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St. St. Louis, 18, Mo.

25. DATE RECD. BY LOCAL REG. MAY 26 '58

26. REGISTRAR'S SIGNATURE Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....me....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed ..... Joe S. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St St. Louis, 18,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.