

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027512
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7264

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1-56

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All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		Length of stay in 1b 52 yrs.		d. STREET ADDRESS (If outside, give location) 4764 St. Louis Ave.	
3. NAME OF DECEASED (Type or print) First Joseph Middle Tilley Last Tilley			4. DATE OF DEATH Month July Day 23 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 28, 1906	9. AGE (In years last birthday) 52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13. FATHER'S NAME Frank Tilley			14. MOTHER'S MAIDEN NAME Mary Stack		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT Jennie Wesling Address 4764 St. Louis Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hematoma.					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY (NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I) (a) Supposed to be fractured and killed by one Tony Robinson					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Explain nature of injury in Part I of Part II of Item 18.) Hit by car on corner of			
20c. TIME OF INJURY 9:30 a.m. 7/23/58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) off street			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Louis Mo COUNTY STATE			
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 8:06 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph W. 3 (Degree or title)			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7/24/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/25/58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis, Missouri
24. FUNERAL DIRECTOR Morrell Funeral Home ADDRESS 3710 No. Grand			25. DATE RECD. BY LOCAL REG. JUL 24 1958		26. REGISTRAR'S SIGNATURE Carl Smith MO

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.....
Signature of Student Embalmer

Signed *Leron E. Percy*.....
Licensed Embalmer No.....
P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.