

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046419

STATE FILE NUMBER

11731

FILED DEC 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
1-57

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		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2019a Destrehan St.		d. STREET ADDRESS (If outside, give location) 2019a Destrehan St.	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST ALBERTA BERTHA TILLOCK		4. DATE OF DEATH Month Day Year December 3, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 18, 1922
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) East St. Louis, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Gustave F. Klöpper	
13b. MOTHER'S MAIDEN NAME Elizabeth A. Preston		14. NAME OF HUSBAND OR WIFE Elmer Tillock	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Elmer Tillock, 2019a Destrehan Street, 7,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMATOSIS</u> DUE TO (b) <u>(OVARIAN IN ORIGIN)</u> DUE TO (c) <u>175.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>1955</u> to <u>12/3/58</u> and last saw <u>him</u> alive on <u>12/1/58</u> Death occurred at <u>1:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D. Michael M.D.</u>		22b. ADDRESS <u>812 Olive St. St. Louis</u>	
22c. DATE SIGNED <u>12/5/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 12/6/58		23c. NAME OF CEMETERY OR CREMATORY St. John's Lutheran Cemetery	
23d. LOCATION (City, town, or county) (State) Ballwin, Illinois		24. FUNERAL DIRECTOR'S ADDRESS CALVIN F. PEUTZ, 4828 Natural Bridge Blvd., FURNERAL HOME, St. Louis, 15, Missouri	
25. DATE RECD. BY LOCAL REG. DEC 5 '58		26. REGISTRAR'S SIGNATURE <u>Carl Smith</u> mjs	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John A. Mlinar*

Licensed Embalmer No. *4186*

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

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