URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-021627

FILED VS MAY 18 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4961

STATE FILE NUMBER

ENDED

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, | Length of stay in 1b

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

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital, | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3933 Pennsylvania Ave., | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First John Middle H. Last Tillman,

4. DATE OF DEATH Month May Day 10, Year 1960

5. SEX Male.

6. COLOR OR RACE White,

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/6/1880

9. AGE (last birthday) 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Mail Clerk,

10b. KIND OF BUSINESS OR INDUSTRY Retired 15 Years,

11. BIRTHPLACE (City and state or country) Loose Creek, Missouri,

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

13a. FATHER'S NAME Frank Tillman,

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE Mary A. Tillman,

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.

17. INFORMANT Mary E. Krauska, 4823 Oak Brier Dr. Address Lemay, Mo.

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac Failure

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

DUE TO (b) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO (c) Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 181.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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

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 4/6/1957, to 5/10/60 and last saw her/him alive on 5/9/60

Death occurred at 2:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank G. Lingale M.D.

22b. ADDRESS 6500 Chippewa

22c. DATE SIGNED 5/10/60

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

23b. DATE 5/12/60

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,

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

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

25. DATE RECD. BY LOCAL REG. MAY 11 1960

26. REGISTRAR'S SIGNATURE Karl Smith. M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by me, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed Joe B. Berry

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec ~~St. Louis, 1~~

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