

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED JUN 1 6 1961

**-61-023610**

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1555

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> <del>St. Louis, Missouri</del>		Length of stay in 1b _____		c. CITY OR TOWN <u>St. Louis, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOA, County Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1420 Francis Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Charles</u> Middle <u>Indusstal</u> Last <u>Tillery</u>				<b>4. DATE OF DEATH</b> Month <u>May</u> Day <u>31</u> Year <u>1961</u>									
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>Negro</u>		<b>7. Married</b> <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>2/12/1936</u>		<b>9. AGE</b> (last birthday) <u>25</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Pickens County, Ala.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>						
<b>13a. FATHER'S NAME</b> <u>Johnnie L. Tillery</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Jimmie Billups</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Francis Tillery</u>							
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>Korean War</u>			<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT</b> Address <u>Mrs. Francis Tillery---1420 Francis Aven</u>								
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive exsanguination (lung and heart) due to penetrating gunshot wound</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input checked="" type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>Shot during argument</u>									
<b>20c. TIME OF INJURY</b> <u>11:15</u>		Hour _____ Month, Day, Year <u>5/30/61</u>											
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>kitchen of residence</u>			<b>20f. CITY, TOWN, OR LOCATION</b> <u>Kinloch</u>		<b>COUNTY</b> <u>St. Louis</u>		<b>STATE</b> <u>Missouri</u>				
<b>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> <u>[Signature]</u> (Degree or title)						<b>22b. ADDRESS</b> <u>Coroner Clayton, Mo.</u>			<b>22c. DATE SIGNED</b> <u>6/6/61</u>				
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>		<b>23b. DATE</b> <u>6/7/61</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>National Cemetary</u>			<b>23d. LOCATION</b> (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>						
<b>24. FUNERAL DIRECTOR</b> <u>[Signature]</u> ADDRESS <u>1221 North Grand</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>6-2-61</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>							

**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 Melvin Blackburn

Licensed Embalmer No. 39628  
P. O. Address 1221 N. Du

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.