

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039305

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318 Primary Registration District No. 1003 Registrar's No. 9296

STATE FILE NUMBER

Registration District No. **FILED OCT 26 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY **Missouri**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **15 days**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Johns Hospital** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **St. Louis**
 c. CITY OR TOWN **Jennings** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **8709 Clifton Ave** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **MARIE** Middle **EMMA** Last **TILLEY** 4. DATE OF DEATH Month **October** Day **6** Year **1961**
 5. SEX **female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **1/3/1917** 9. AGE (last birthday) **44 years** IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housework** 10b. KIND OF BUSINESS OR INDUSTRY **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**
 13a. FATHER'S NAME **Francis P. Baer** 13b. MOTHER'S MAIDEN NAME **Eugenia Willmering** 14. NAME OF HUSBAND OR WIFE **Millard Tilley**
 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. **586x** 17. INFORMANT **Millard Tilley - 8709 Clifton** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Respiratory failure** INTERVAL BETWEEN ONSET AND DEATH **2 days**
 DUE TO (b) **Bilateral Pneumothorax** **4 days**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) **post-cholecystectomy gen. peritonitis** **2 weeks**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **586x**
 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 **9-15-61** to **10-6-61** and last saw him alive on **10-6-61**
 Death occurred at **10:10 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Cyril Costello, M.D.** (Degree or title) 22b. ADDRESS **100 N. Euclid** 22c. DATE SIGNED **10-7-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **Oct. 9, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

24. FUNERAL DIRECTOR ADDRESS **BUCHHOLZ MORTUARY-5967 W. Florissant Ave** 25. DATE RECD. BY LOCAL REG. **OCT 9 1961** 26. REGISTRAR'S SIGNATURE **Loal Smith, M.D.**

Ordered - 710 Calcuttine

DOCUMENT

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 Walter J. Berchholz

Licensed Embalmer No. 4551

P. O. Address St. Louis

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.