

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039713
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2979

FILED NOV 8 1961

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b YRS	c. CITY OR TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7938 Croydon Drive (23)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7938 Croydon Drive
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Paul Middle H. Last Till			4. DATE OF DEATH Month October Day 18 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/10/1897	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 8 Days 8 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contract Manager		10b. KIND OF BUSINESS OR INDUSTRY Burroughs Glass Co	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Fritz Till		13b. MOTHER'S MAIDEN NAME Bertha Lubitz		14. NAME OF HUSBAND OR WIFE (nee) Elizabeth K. Till (Telthorst)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-01-9379	17. INFORMANT Paul H. Till, Jr. Stony Corners, Avon, Connecticut		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple myeloma		INTERVAL BETWEEN ONSET AND DEATH 2 yr 8 mo
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 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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 Feb 5, 1959 to death and last saw her Oct 15, 1961 alive on _____
Death occurred at 1:20 PM October 18 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward H. Reinhardt MD (Degree or title)	22b. ADDRESS 4960 Audubon, St. Louis (10) Mo	22c. DATE SIGNED Oct 18, 1961
23a. BURIAL, CREMATION, MOVING (Specify)	23b. DATE 10/20/61	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
23d. LOCATION (City, town, or county) St. Louis County		(State) Mo.

24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary	ADDRESS 6489 Chippewa St. St. Louis 9, Mo.	25. DATE RECD. BY LOCAL REG. 10-19-61	26. REGISTRAR'S SIGNATURE John E. Murphy MD
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DOCUMENT
MEDICAL CERTIFICATION
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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill C. Simpson

Licensed Embalmer No. 4764

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.