MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-044965

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10967 STATE FILE NUMBER

FILED NOV 19 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1	
2	4007 3 8
3	
4	1
5	1
6	
7	1
8	2
9	
10	
11	
12	86-0
13	
	86

DATE AMENDED: 12/3/62

INSTEAD OF: 6151 Plymouth

SHOULD READ: 6151 Etzel Avenue

ITEM NO.: 2d

BY AFFIDAVIT OF: Funeral Director

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in lb: 60 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Frazier Nursing Home — 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: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6151 ~~Plymouth~~ Etzel Ave — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Fleta K. Middle Tillotson Last
4. DATE OF DEATH: Month November Day 13, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/13/75
9. AGE (last birthday): 88 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Wyandotte Co, Ohio
12. CITIZEN OF WHAT COUNTRY: ~~Ohio~~ U. S. A.
13a. FATHER'S NAME: George Wickham
13b. MOTHER'S MAIDEN NAME: Mary Coder
14. NAME OF HUSBAND OR WIFE: Alden Tillotson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Cora Tillotson — Address: 3465 Montana Ave

MEDICAL CERTIFICATION

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 & cerebral vascular — INTERVAL BETWEEN ONSET AND DEATH: 1 week.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis Insufficiency generalized — year.
DUE TO (c): 334 X
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. ☐ 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 1961 to Nov 1962 and last saw her/him alive on Nov. 9-1962
Death occurred at 12:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. Kimelman MD
22b. ADDRESS: 1005 Big Bend
22c. DATE SIGNED: 11/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Nov 15, 1962
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County Missouri

24. FUNERAL DIRECTOR: Shepard Funeral Home — ADDRESS: 1167 Hamilton Ave
25. DATE REGD. BY LOCAL REG.: NOV 14 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith. M.D.

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,

~~under~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lawrence O. Gerling

Licensed Embalmer No. 4979

P. O. Address Berkeley, 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.