

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 12 1935

37189
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **1003**
 (b) Township..... Primary Registration District No. Registered No. **9516**
 (c) City **St. Louis** (d) Street No. **Alexian Bros. Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

435 Phillip Tiltman
 (a) Residence, No. **4965 Fairview Ave.** St. **14**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Katherine Tiltman**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 7, 1875**
 7. AGE YEARS **63** MONTHS **1** DAYS **23** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Branch Manager**
 9. Industry or business in which work was done, as saw mill, bank, etc. **St. Louis Star**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-30**, 19**38**
 22. I HEREBY CERTIFY, That I attended deceased from **10-30**, 19**38**, to **10-30**, 19**38**
 I last saw him alive on **10-30**, 19**38**. Death is said to have occurred on the date stated above, at **2:45 P.M.**
 The principal cause of death and related causes of importance were as follows:

*Myocarditis Chr.
 Hypertension Chr.*

Date of onset

Other contributory causes of importance:
*Bronchial Asthma
 Bronchial Fibrosis*

12. BIRTHPLACE (CITY OR TOWN) **Brighton** (STATE OR COUNTRY) **England** **4**
 FATHER 13. NAME **Phillip Tiltman**
 14. BIRTHPLACE (CITY OR TOWN) **England** (STATE OR COUNTRY) **63**
 MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) **England** (STATE OR COUNTRY) **67**
 17. INFORMANT **Mrs. Katherine Tiltman** (ADDRESS) **4965 Fairview Ave.**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **No** Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify *J. J. Hayden* (Signed)....., M. D.
 (Address) **5809 Dillman**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory 11-3** 193**8**
 19. FUNERAL DIRECTOR (NAME) **Kriegshauser Mortuary** (ADDRESS) **4228 So. Kingshighway**
 20. FILED **BEAL LAON** *J. Bredeck* Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Dr. J. J. Hayden

5599 Cleburn

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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

Registered Apprentice No., working under my personal supervision.

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address

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 this body is not embalmed, above space should be left blank.