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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9310

Registrar's No. 3388

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1. PLACE OF DEATH:

(a) County

(b) City or town: Stl Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3745 Windsor Pl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ---
In this community: 30 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 11 17 9

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 3745 Windsor Pl.
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Elias Tilford

3. (b) If veteran, name war: ---

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Sarah Tilford

6. (c) Age of husband or wife if alive: Unk. years

7. Birth date of deceased: Unavailable (Month) about (Day) 1877 (Year)

8. AGE: Years: about 65 | Months | Days | If less than one day: hr. min.

9. Birthplace: Varner (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Minister

11. Industry or business:

FATHER
12. Name: Derias Tilford
13. Birthplace: Unavailables (City, town, or county) Unavailable (State or foreign country)

MOTHER
14. Maiden name: Nancy --- Unk.
15. Birthplace: Unavailble (City, town, or county) Unavialable (State or foreign country)

16. (a) Informant: Leo Tilford
(b) Address: 3745 Windsor Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Father Dickson Cem.

18. (a) Signature of funeral director: Chas Yates
(b) Address: 4107 Finney Ave.

19. (a) APR 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1942 hour 3:45 minute P.M. M.

21. I hereby certify that I attended the deceased from 4-10- 1942 to 4-12- 1942 that I last saw him alive on 4-12- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: None
Of operations:

Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence: ---
(c) Where did injury occur? --- (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---- (Specify type of place)
While at work? --- (e) Means of injury: ---

23. Signature: G. H. Gaikins (M. D. or other) M. D.
Address: 3200 Lucus Ave. Date signed 4-13-42

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(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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, fact should be so stated above.