No. 2
-8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16815

Registration District No. FILED MAY 28 1944 Primary Registration District No. 1003 Registrar's No. 4385

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 19

(c) City or town St. Louis, 611
(If outside city or town limits, write "RURAL")

(d) Street No. 1323 Whittier
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sophronia Tillman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 7 (Day) 1890 (Year)

8. AGE: Years 53 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Fort Gaines (City, town, or county) Ga 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name James A.B. Cone
13. Birthplace (City, town, or county) Ga. 1 (State or foreign country)

MOTHER
14. Maiden name Mary
15. Birthplace (City, town, or county) Ga. 1 (State or foreign country)

16. (a) Informant Dorothy Tillman Henderson
(b) Address 1323 N. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/44 (Month) (Day) (Year)
(c) Place: burial or cremation Wahsington Park

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 E. Finney Ave

19. (a) MAY 12 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8, year 1944 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 8, 1944, to May 8, 1944, that I last saw her alive on May 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ca. of left antrum	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

55-d

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 H. P. Venable (M. D. ~~or other~~)

Address 2607 Whittier Date signed 5/8/44

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.