. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17977

Registration District No. 517 Primary Registration District No. 3070 Registrar's No. 1073

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 20 ALGONQUIN LANE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community 15 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 20 ALGONQUIN LANE
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

96
7
4
0

3. (a) PRINT FULL NAME MARY PEEK TILLEY
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife JAMES P TILLEY
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased AUGUST 16 1859 (Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 20 If less than one day — hr. — min.

9. Birthplace A-LCOVY (City, town, or county) GEORGIA (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business

FATHER
12. Name JOHN SHIPLEY
13. Birthplace UNKNOWN (City, town, or county) GEORGIA (State or foreign country)

MOTHER
14. Maiden name MARY ARMSTEAD
15. Birthplace UNKNOWN (City, town, or county) GEORGIA (State or foreign country)

16. (a) Informant A B Chambers
(b) Address 20 ALGONQUIN LANE
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAY 17 1946 (Month) (Day) (Year)
(c) Place: burial or cremation CONYERS GEORGIA
18. (a) Signature of funeral director Parker-Lund Co
(b) Address WEBSTER GROVES MO.
19. (a) 5-17-46 (Date received local registrar) (b) E G McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1946 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from October 1 1945 to May 16 1946 that I last saw her alive on May 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral arteriosclerosis	1 year
Due to Hypochromic anemia	8 years
Due to GI	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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. A. Gardner (M. D. or other)
Address 18 E. Lockwood Date signed 5/17/46

(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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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 this body is not embalmed, fact should be so stated above.