

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 9 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

39257  
39157  
State File No. \_\_\_\_\_  
Registrar's No. **10243**

Registration District No. **318** Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 days**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** **James Tillman**  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security No.** **nil**  
**4. Sex** **male** **5. Color or race** **cul.** **6. (a) Single, widowed, married, divorced** **Single**  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **8** (Month) **5** (Day) **1939** (Year)

**8. AGE:**  
Years **7** Months **3** Days **24**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Illinois** **Miss!**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **School age**

**11. Industry or business** \_\_\_\_\_

**12. Name** **Richard Tillman**

**13. Birthplace** **Josh Gibson** **Miss!**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Maude Lawson**

**15. Birthplace** **Helms** **Miss!**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Richard Tillman**

**(b) Address** **2921 Howard St**

**17. (a) Burial** **(b) Date thereof** **12-2-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Greenwood Cem.**

**18. (a) Signature of funeral director** **J. J. Bruce**

**(b) Address** **1003 N. Garretts Ave**

**19. (a) DEC 1 1946** **(b) J. J. Brebeck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **2017**  
(d) Street No. **2921 Howard St**  
(If rural, give location) **9**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Nov.** day **29**  
year **1946** hour **3** minute **35** A. M.

**21. I hereby certify that I attended the deceased from**  
**Nov. 25**, 19**46**, to **Nov. 29**, 19**46**  
that I last saw h **im** alive on **Nov. 29**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Sickle Cell Anemia**  
Duration **Undet.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **No**  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

**23. Signature** **Theodore Blewins** (M.D. or other) \_\_\_\_\_  
**Address** **2601 N. White** **Date signed** **11/30/46**

**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 *Arthur L. Hilliard*  
Licensed Embalmer No. *46221*  
P. O. Address *1154 Bayard*

**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.**