

No. 2  
-12-45  
-17-39  
I X47070

**FILED MAY 21 1947**

**3066**

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Kirkwood**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**604 Pearl Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **Several Years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Kirkwood**  
(If outside city or town limits, write "RURAL")

(d) Street No. **604 Pearl Ave.**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Frank P. Tillman**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **W 2**

6. (b) Name of husband or wife **Lola**

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

7. Birth date of deceased **March 24, 1889**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<b>58</b>	<b>1</b>	<b>17</b>	hr. min.
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9. Birthplace **Loose Creek Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **School Superintendent**

11. Industry or business **Kirkwood Schools**

12. Name **Frank Tillman**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Hoerschen**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Martha Seitz**

(b) Address **604 Pearl Ave. Kirkwood, Mo.**

17. (a) **Cremation** (b) Date thereof **5/13/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Chematory**

18. (a) Signature of funeral director **Louis H. Bopp, Inc.**

(b) Address **131 W. Argonne Dr. Kirkwood**

19. (a) **5-14-47** (b) **Cecilia J. Sheppard**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11**  
year **1947** hour **8** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Dec 11**, 1945, to **May 11**, 1947,  
that I last saw him alive on **April 14**, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Amygdalateral sclerosis of spinal cord**

Due to **97**

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? \_\_\_\_\_

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

(e) Means of injury **D**

23. Signature **Paul E. Bretzky** (M. D. or other) **M.D.**

Address **Kirkwood, Mo.** Date signed **5-12-47**

JUL 13 1948

JUL 12 1948

JUN 3 1947

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 *Peter B. Dubouille*

Licensed Embalmer No. *3091*

P. O. Address *Quincy, Mass*

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.