

STANDARD CERTIFICATE OF DEATH

State File No. **26414**

FILED JUL 22 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**Registrar's No. **6701**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Jewish Hospital | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) G. c. (Last) Tillewein | | d. STREET ADDRESS (If rural, give location) 23 2241 Gain | |
| 4. DATE OF DEATH (Month) (Day) (Year) July 9 1952 | | 5. SEX Female | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | |
| 8. DATE OF BIRTH March 18, 1896 | | 9. AGE (In years last birthday) 56 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dietician Helper-Jewish Hospital | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Late Henry J. Tillewein | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Henry P. Tillewein | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix & metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hydrocephalus, hydrothorax, terminal uremia | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 171X | | 22. I hereby certify that I attended the deceased from April 1952 , to July 9, 1952 , that I last saw the deceased alive on July 9, 1952 , and that death occurred at 9:50 A. M. , from the causes and on the date stated above. | |
| 23a. SIGNATURE Dorothy L. Rodgers, M.D. | | 23b. ADDRESS 216 S. Kingshighway | |
| 23c. DATE SIGNED 7-9-52 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE July 12, 1952 | | 24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem. | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | |
| DATE REC'D BY LOCAL REG. JUL 10 1952 | | REGISTRAR'S SIGNATURE J. Cash Smith MD | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | | ADDRESS 4228 S. Kingshighway Bl. | |

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Richard W. Stovesand

Signed.....

Student Embalmer

Licensed Embalmer No..... *4007*

P. O. Address.....

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.