

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30120

State File No. 7795

FILED SEP 3- 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2179</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 3</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital D.O.A.</u>				d. STREET ADDRESS (If rural, give location) <u>17 4176^A FLAD AV.</u>			
3. NAME OF DECEASED a. (First) <u>VIVIAN</u> b. (Middle) <u>JUNE</u> c. (Last) <u>TILTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-14-1952</u>				
5. SEX <u>FEM. 1</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE-26-1927</u>	9. AGE (in years last birthday) <u>25 YRS.</u>	If under 1 YEAR Months <u>25 YRS.</u> Days _____	If under 1 HR. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson City Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>ERNEST MOSELEY</u>			13b. MOTHER'S MAIDEN NAME <u>IRENE NAPIER</u>		14. NAME OF HUSBAND OR WIFE <u>DENNIS C. TILTON.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dennis C. Tilton 4176^A FLAD AV.</u>			
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) <u>Le skull; Extensive intracranial hemorrhage, suffered when decedent fell from second floor window of home at 1825th 14th St. onto sidewalk below exact time</u>	INTERVAL BETWEEN ONSET AND DEATH _____						
ANCECEDENT CAUSES <u>As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>							
II. OTHER SIGNIFICANT CONDITIONS <u>unknown Aug 14 1952</u>	Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, school, street, etc.) <u>St. Louis Mo</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 14 52 ? m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>and E902.0</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>608^A m.</u> , from the causes and on the date stated above. 21							
23a. SIGNATURE (Degree or title) <u>Patrick E. Taylor's Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>8-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Aug-18-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>AUG 16 1952</u>		REGISTRAR'S SIGNATURE <u>E. J. Schmur</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schmur 3125 Lafayette</u>			

WRITE PLAINLY—USING UNFADEING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joseph B. Kollmer

Licensed Embalmer No. 4014

P. O. Address St. Louis, 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.