

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23194

FILED JUL 2 - 1953

State File No. \_\_\_\_\_

5985

|  |  |   |   |  |  |   |  |  |  |                                    |  |
|--|--|---|---|--|--|---|--|--|--|------------------------------------|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>   |   | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. _____   |  |  |  |                                    |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY _____ |  |   |  |  |  |                                    |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis, Mo.</b>  |  | c. LENGTH OF STAY (in this place) _____   |   | c. CITY OR TOWN <b>St. Louis</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  |                                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>   |  |   |   | e. STREET ADDRESS (If rural, give location)<br><b>17 3812 Folsom Ave 21790</b>   |  |   |  |  |  |                                    |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Raymond</b>   |  | b. (Middle) <b>Fred</b>   |   | c. (Last) <b>Tilker</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>6 14 53</b>   |  |  |  |                                    |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |  | 8. DATE OF BIRTH <b>Aug. 11th, 1894</b>   |  |  |  |                                    |  |
| 9. AGE (In years last birthday) <b>58</b>  |  | IF UNDER 1 YEAR Months _____ Days _____   |   | IF UNDER 1 HR. Hours _____ Min. _____  |  |   |  |  |  |                                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY _____           |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b> |  |  |                                    |  |
| 13a. FATHER'S NAME <b>Fred L. Tilker</b>   |  |   | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Peters</b> |  |  | 14. NAME OF HUSBAND OR WIFE <b>Marie Tilker</b>   |  |  |  |                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. #1</b>   |  |   | 16. SOCIAL SECURITY NO. _____                     |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Marie Tilker</b>                    |   |  | ADDRESS <b>3812 Folsom</b>   |  |                                    |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Squamous cell carcinoma of pyriform sinus with metastasis.</b><br>ANTECEDENT CAUSES _____<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. _____ |   |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH _____   |  |                                    |  |
| 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? <b>147X</b>   |  |   |  |  |  |                                    |  |
| 22. I hereby certify that I attended the deceased from <b>June 2, 1953</b> , to <b>June 14, 1953</b> , that I last saw the deceased alive on <b>June 14, 1953</b> and that death occurred at <b>6:10P m.</b> , from the causes and on the date stated above. |  |   |   |  |  |   |  |  |  |                                    |  |
| 23a. SIGNATURE <b>FR Bradley</b>   |  |   |   | (Degree or title) <b>M. D.</b>   |  | 23b. ADDRESS <b>BARNES HOSPITAL</b>   |  | 23c. DATE SIGNED <b>6/15/53</b>  |  |                                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>6/17/53</b>  |   | 24c. NAME OF CENETERY OR CREMATORY <b>Valhalla</b>   |  | 24d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>   |  | (State) _____  |  |                                    |  |
| DATE REC'D BY LOCAL REG. <b>JUN 16 1953</b>  |  | REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>  |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Kraeger-Fenwick</b>                  |   |  |  |  | ADDRESS <b>3402 N. Kingshighwa</b> |  |

(Licensed Embalser's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Thomas R. Lenwick*.....

Licensed Embalmer No. *3793*.....

P. O. Address *34027 King*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.