

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31584

State File No. 7523

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7523			
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____					
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 27 years		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESTOGE HOSP.				e. STREET ADDRESS (If rural, give location) 4751 Minnesota Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) CORNELIUS		b. (Middle) _____		c. (Last) TILBERG		4. DATE OF DEATH (Month) (Day) (Year) Aug. 26 1955			
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 28, 1896		9. AGE (In years last birthday) 58 yrs.	IF UNDER 1 YEAR Months _____	IF UNDER 4 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and State or Foreign Country) Rochester, N.Y.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Tilburg		14. NAME OF HUSBAND OR WIFE Anna Klein Tilburg					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 492-03-9704		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Klein Tilburg		ADDRESS 4751 Minnesota Av.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 24 Hours	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA				ANTECEDENT CAUSES DUE TO (b) MITRAL VALVE STENOSIS					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Rheumatic Heart Disease				II. OTHER SIGNIFICANT CONDITIONS OLD MYOCARDIAL INFARCTION				20 yrs	
Conditions contributing to the death but not related to the disease or condition causing death. Passive congestion of ABD. viscera									
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? 410X					
22. I hereby certify that I attended the deceased from Aug. 25, 1955 , to Aug. 26, 1955 , that I last saw the deceased alive on Aug. 26, 1955 , and that death occurred at 1:30 P. M. , from the causes and on the date stated above.									
23a. SIGNATURE James A. Allen (Degree or title) M.D.				23b. ADDRESS 681 FOREST WEBSTER GROVES Mo		23c. DATE SIGNED 8-27-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 29, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. AUG 29 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Reiderwieden F.H., Inc., 1936 St. Louis Av.					

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 _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 45

P. O. Address St. Louis

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.