

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

10307-63-042132
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10307**

FIL - D OCT 24 1963

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
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 2 **400B**
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 4 **1**
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY ---		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's Hosp.		d. STREET ADDRESS (If outside, give location) 7546 Milan	
3. NAME OF DECEASED (Type or print) Betty Catherine Tillman		4. DATE OF DEATH Month October Day 14 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-17-56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 7 yrs.
11. BIRTHPLACE (City and state or country) Memphis, Tennessee		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Robert Eugene Tillman		13b. MOTHER'S MAIDEN NAME Betty Moore	
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. ---	
17. INFORMANT Shirley J. Katz		Address 500 S. Kings Highway	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC RESPIRATORY TRACT DISEASE			INTERVAL BETWEEN ONSET AND DEATH 6 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CYSTIC FIBROSIS (MUCOVISCIDOSIS)			6 1/2 YRS
DUE TO (c) 2893			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 10/11/63 to 10/14/63 and last saw her/him/alive on 10/14/63 Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Tom Harwell M.D.</i>		22b. ADDRESS 500 S. KINGS HIGHWAY	
22c. DATE SIGNED 10/15/63		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-17-63	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Mo.	
24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY		25. DATE RECD. BY LOCAL REG. OCT 16 1963	
ADDRESS 6464 Chippewa		REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>	

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 Bill C. Brannon

Licensed Embalmer No. 4764

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.