

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050402
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3614

FILED DEC 20 1963

DO NOT WRITE ON THIS STUB
AMENDED

VS 300 Rev. 4/59	DATE AMENDED		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 <u>4000</u>				
2 <u>22</u>				
3				
4 <u>1</u>				
5 <u>2</u>				
6				
7 <u>P</u>				
8				
9				
10				
11				
12 <u>420</u>				
13				
<u>42</u>				
ITEM NO.	SHOULD READ			

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HEMAY</u>		c. CITY OR TOWN <u>St Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mt. St. ROSE HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>3933 PENNSYLVANIA</u>	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>A.</u> Last <u>TILLMAN</u>		4. DATE OF DEATH Month <u>NOVEMBER</u> Day <u>25</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-28-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>LOOSE CREEK, MO</u>
13a. FATHER'S NAME <u>FRED SCHALLERT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SCHLIEF</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN H. TILLMAN (DEC'D.)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs MARY E. KRAUSKA 4823 OAK BRIER DR.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>	
		DUE TO (c) <u>420.0</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>DIABETES MELLITUS</u>		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 type="checkbox"/> NO <input checked="" 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.	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 <u>APRIL 24, 1960</u> to <u>Nov 25, 1963</u> and last saw her/him alive on <u>Nov 25, 1963</u>		Death occurred at <u>5:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>K. William Summester M.D.</u> (Degree or title)		22b. ADDRESS <u>1515 Lafayette St</u>	22c. DATE SIGNED <u>11/26/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-27-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>	23d. LOCATION (City, town, or county) (State) <u>ST LOUIS Co. MO.</u>
24. FUNERAL DIRECTOR <u>GEBKEN-BENZ 2842 MERAMEE</u>		25. DATE RECD. BY LOCAL REG. <u>11-26-63</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

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

Student _____
Signature of Student Embalmer

Signed Joe A. Benz _____
Licensed Embalmer No. 47219

P. O. Address 7347 Sherwood St.
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.