29 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44748

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2326

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town R #2 Creve Coeur Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 5 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ills (b) County St Clair

(c) City or town E. St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 434 N 23 St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARY TISSIER YOCH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife A. Yoch

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 16 (Day) 1878 (Year)

8. AGE: Years 61 Months 5 Days 13 If less than one day hr. min.

9. Birthplace E. St Louis (City, town, or county) Ills (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Maurice F. Tissier
13. Birthplace Florissant (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Catherine Meyer
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Paul V Tissier

(b) Address 434 N. 23rd St.

17. (a) E. St Louis (Burial, cremation, or removal) (b) Date thereof Dec 28-39 (Month) (Day) (Year)

(c) Place: burial or cremation 2 Av Louis Ill

18. (a) Signature of funeral director B H Baldwin

(b) Address E. St Louis Ills

19. (a) DEC 29 1939 (Date received local registrar) (b) N R Meyer M D Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1939 hour 8 minute 23 A M.

21. I hereby certify that I attended the deceased from Dec 24, 1939, to Dec 29, 1939; that I last saw her alive on Dec 29, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93c

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature R B Denny (M. D. or other)

Address Creve Coeur Mo Date signed 12-29-39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

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, Registered Apprentice No., working under my personal supervision.

Signed R. H. Baldwin

Licensed Embalmer No. 2420

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, above space should be left blank.