

Registration District No. 791 Primary Registration District No. 1000

1. PLACE OF DEATH: 1000
(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME NICHOLAS TIRLES 642
8. (b) If veteran, name war No. 3. (c) Social Security No. 497-03-4884

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alma Tirles 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Dec. 6 1894
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Greece
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender
11. Industry or business Grand Cafe

MOTHER FATHER
12. Name Gus Tirles
13. Birthplace Unknown Greece
(City, town, or county) (State or foreign country)
14. Maiden name Angelina Unknown
15. Birthplace Unknown Greece
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Alma Tirles
(b) Address 4877a Page Ave.

17. (a) Burial (b) Date thereof 1/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) Jan 18 1940 (b) J. J. Braddock
(Date received) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 4877A PAGE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 15
year 1940 hour 7:22 minute _____ P. _____ M.
21. I hereby certify that I attended the deceased from November 27 1939 to January 15 1940
that I last saw him alive on January 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous Primary Ca. of stomach Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy Ca of stomach with metastasis to bone
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? _____

While at work? (Specify type of place) (e) Means of injury _____
23. Signature M. J. Anderson (M. D. or other) _____
Address BARNES HOSPITAL Date signed 1-16-40

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.

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.....

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

Signed Robert G. Hoff

Licensed Embalmer No. 3991

P. O. Address.....

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.