

1. No. 2  
-1-4-41  
5-17-39  
I X26390

APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9272**  
**2682**  
Registrar's No. \_\_\_\_\_

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital #1 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 Days**  
(Specify whether  
In this community **41 yrs.**  
years, months or days)

3. (a) PRINT FULL NAME **Steve Tyc (Stanislaw)**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

4. Sex **Male 0** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Eleanor Tyc**  
6. (c) Age of husband or wife if alive **--** years  
7. Birth date of deceased **May 16 1885**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**55 10 15** hr. min.

9. Birthplace **Poland 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **General Laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Don't Know.**

13. Birthplace **Poland 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Poland 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Tyc Frank Tyc**

(b) Address **2006 St. Louis Ave**

17. (a) **Burial** (b) Date thereof **3 26 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Brockland and Co**  
(b) Address **1827 Hogan St**

19. (a) **MAR 25 1941** (b) **J. W. Bredech**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **11**  
(c) City or town **St. Louis** **000**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3225 Montgomery** **17**  
(If rural, give location)  
(e) Citizen of foreign country? **Yes** (Yes or No)  
If yes, name country **Poland 0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23,**  
year **1941** hour **10:30** minute **P. M.**

21. I hereby certify that I attended the deceased from **March 17,**  
19 **41** to **March 23,** 19 **41**  
that I last saw him alive on **March 23,** 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of esophagus** Duration **6 mos.**

Due to \_\_\_\_\_  
Due to **He**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: **carcinoma of esophagus**  
Of operations \_\_\_\_\_  
Of autopsy **not obtained**  
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 **Edward Lyman** (M. D. or other) **0**  
Address **1515 Lafayette Ave.,** Day **2/24/41**

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*J. A. M. Bensley*

Licensed Embalmer No..... *3653*

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, fact should be so stated above.**