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S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 13 1943
318

Primary Registration District No. 1003

Registrar's No. 10649

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County County ⁰⁹⁶

(c) City or town Lemay (If outside city or town limits, write "RURAL") ⁰

(d) Street No. 116 Vincent St. (If rural, give location) ^{MR. 0}

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Jack C. Tighe

3. (b) If veteran, name war World War I

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd
year 1943 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

Immediate cause of death.....

Mesenteric Thrombosis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

About 52 hr. min.

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Paprehangar

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unkn.

15. Birthplace Unkn. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Miller

(b) Address 116 Vincent.

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) (e) Means of injury.....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. John's Hope Cem.

18. (a) Signature of funeral director J. P. Fendley Jr.

(b) Address 7128 Michigan Ave.

19. (a) DEC 4 1943 (Date received local registrar) (b) J. J. Brink (Registrar's signature)

23. Signature James J. Estep (M.D. or other) ³

Address 1300 6th Date signed 12/4/43

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.....

Clarence Rochow

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

working under my personal supervision.

Signed.....

Clarence Rochow

Licensed Embalmer No. *3093*

P. O. Address *9128 Michigan*

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.