

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1327 S.13 Str.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1327 S.13 Str.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George Tissot**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MAY** day **26**
year **1945** hour **5** minute **30** A. M.
21. I hereby certify that I attended the deceased from
Jan 1 19**45** to **MAY 26** 19**45**
that I last saw h.i.m. alive on **MAY 25** 19**45**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Wht**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Louise Tissot**
6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **Unknown about 1877**
(Month) (Day) (Year)

Immediate cause of death **CARCINOMA OF ESOPHAGUS** Duration **2 yrs.**
Due to _____
Due to _____
Other conditions **NONE**
(Includes pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
About 68 **Unk.** hr. min.
9. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)
10. Usual occupation **Watchmaker**

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER-FATHER { 11. Industry or business _____
12. Name **George Tissot**
13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Unk.**
15. Birthplace **Unk.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louise Tissot**
(b) Address **1327b S.13 Str.**
17. (a) **burial** (b) Date thereof **7/30/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valley View**
Wm. C. Snyder
18. (a) Signature of funeral director _____
(b) Address **1926 Allen Ave.**
19. (a) **MAY 28 1945** (b) _____
(Date received local registrar) (Registrar's signature)

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 _____
While at work? _____
23. Signature **Arthur O. White** (M. D. or other) **M.D.**
Address **1194 Hawthorn** Date signed **5-26-45**

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 me

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

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen ave

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.