

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 4 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2122

1. PLACE OF DEATH:

(a) County: Boeh

(b) City or town: Rural

(c) Name of hospital or institution: Robert Cook Hospital

(d) Length of stay: In hospital or institution: 35.0 days

In this community: 52 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St Louis

(d) Street No.: 2316 Chestnut

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Ada Tisch

(b) If veteran, name war: \_\_\_\_\_

(c) Social Security No.: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14 year 1945 hour 7 minute 20 P.

4. Sex: Female 5. Color of race: Col

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

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

7. Birth date of deceased: 7-29-1880

21. I hereby certify that I attended the deceased from 8-29, 1944, to 8-14, 1945; that I last saw him alive on 8-14, 1945; and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months - Days 16 If less than one day, hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Pulmonary Tbc

Duration: 15 mo

9. Birthplace: Fulton Mo

10. Usual occupation: unl

Due to: 136

Other conditions: Chronic Pyelocystitis

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

12. Name: Henry Clay Heskady

13. Birthplace: D? ? ? ? ?

14. Maiden name: Gray Gordon

15. Birthplace: Fulton Mo

PHYSICIAN: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant: Deceased

(b) Address: 2207 Market

17. (a) Burial (b) Date thereof: Aug 20/45

(c) Place: burial or cremation: Washington Park

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? \_\_\_\_\_

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

18. (a) Signature of funeral director: F. A. Green

(b) Address: 2915 Franklin Ave

19. (a) 8-30-45 (b) E. A. McNamee

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury: \_\_\_\_\_

23. Signature: Richard Eydeman M.D.

Address: Robert Cook Hosp Date signed: 8/15/45

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

MOTHER FATHER

76  
0  
0

707

SEP 6 1943

**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. Green

Licensed Embalmer No. 2963

P. O. Address 2910 Franklin

**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.**