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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8623

State File No. ....

**FILED** APR 10 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 275

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
2618 So. 22nd. St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2618 So. 22nd. St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \*

3. (a) PRINT FULL NAME Nickolaus Tenyer

3. (b) If veteran, name war None

3. (c) Social Security No. 491-10-0848

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased November 16 1878  
(Month) (Day) (Year)

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

67 3 17 hr. min.

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

10. Usual occupation Tailor

11. Industry or business Plymouth Clothing Co.

MOTHER FATHER

12. Name Peter Tenyer

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

14. Maiden name Anna Rupert

15. Birthplace Unknown Hungary  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theresia Tenyer

(b) Address 2618 So. 22nd. St.

17. (a) Burial (b) Date thereof Mar. 6, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herbert M. Jankofsky

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Mar. 8, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
year 1946 hour 9 minute 05 P. M.

21. I hereby certify that I attended the deceased from March 3, 1946 to March 3, 1946; that I last saw him alive on March 3, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage

Duration 1 day

Due to Peptic ulcer - chronic Unknown

Due to arteriosclerosis general and myocardial insufficiency Unknown

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

PHYSICIAN

Major findings:  
Of operations: 11/3

Of autopsy: 11/3

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 Mustaw [Signature] (M. D. or other) M.D.

Address Kirkpatrick Bldg. St. Joseph, Mo. Date signed 3/14/46

7555 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Elmer Howes

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.**