

STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED** AUG 29 1946  
318

Registration District No. ....

Primary Registration District No. 100

Registrar's No. 7395

**1. PLACE OF DEATH:**

(a) County ST. LOUIS MO

(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 Missouri Baptist HOSPITAL  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 5 HOURS.  
(Specify whether years, months or days)

In this community 40 YRS.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI. (b) County ST. LOUIS

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 1316 MONROE STR.  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country NONE

**3. (a) PRINT FULL NAME** NICHOLAS TYEBO SR.

3. (b) If veteran, name war NO

3. (c) Social Security No. 486-76-7741

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month AUG day 24<sup>TH</sup>  
year 1946 hour 1:30 minute P. M.

4. Sex MALE

5. Color or race WHITE

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

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

6. (c) Age of husband or wife at time of death 68 years

7. Birth date of deceased: MCH. 9<sup>TH</sup> 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 24 1946 to August 24 1946  
that I last saw him alive on August 24 1946  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>71</u>	<u>5</u>	<u>15</u>	<u>—</u> hr. <u>—</u> min.

Immediate cause of death: Subarachnoid Hemorrhage **12 hour**

Due to Hypertension

Due to Broncho Pneumonia **12 hour**

9. Birthplace AUSTRIA. = HUNGARY =  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 1 month of death):

Major findings of operations:

Of autopsy:

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

10. Usual occupation WOOD WORKER.

**MOTHER FATHER**

11. Industry or business MO. FURNITURE CO.

12. Name THOMAS TYEBO

13. Birthplace AUSTRIA. = HUNGARY = 4

14. Maiden name ROSE PIERRE

15. Birthplace AUSTRIA. = HUNGARY = 4  
(City, town, or county) (State or foreign country)

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) (c) Means of injury

16. (a) Informant Nicholas A. Tyebo Jr.

(b) Address 5229 N 20<sup>th</sup>

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof AUG 27 = 46  
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland and Co

(b) Address 1827 HOGAN STR.

**AUG 26 1946** (Date received local registrar)

J. J. Bredbeck (Registrar's signature)

23. Signature Paul H. Toney (M. D.)

Address 2249 St. Louis ave

Date signed 8/26 1946

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

27300

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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 *John J. Hennehy*  
Licensed Embalmer No. *41948*  
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.**