

S. No. 2
M-5-43
5-17-39
I X36671

FILED NOV 12 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 9353

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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7361 Cornell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES TISCHLER

3. (b) If veteran, name war No 3. (c) Social Security No. 497-16-1432A

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lena Tischler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 15 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 15 hr. min.

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

10. Usual occupation Tailor

11. Industry or business _____

MOTHER FATHER { 12. Name David Tischler

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

14. Maiden name Unknown

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

16. (a) Informant Ben Tischler

(b) Address 7361 Cornell

17. (a) burial (b) Date thereof 10/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) NOV 1 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1946 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from June
1944 to Oct. 30 19 46
that I last saw him alive on Oct. 30 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - metastatic to spine - Primary undetermined

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 0
23. Signature Herriyan M. Meyer (M. D. or other) mo.
Address 508 N. Broad Date signed 10/31/46

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

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.....

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

Signed

Henry A. Ludwig

Licensed Embalmer No. 4229

P. O. Address.....

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.