

FILED DEC 24 1946

318

1003

Registrar's No. 10627

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1847 S. 10th. St.  
(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 Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1847 S. 10th. St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Frank Tylich

3. (b) If veteran, name war World War # I 3. (c) Social Security No. 494-07-8357

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Dec 3 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 0 7 ..hr. ....min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Metal Polisher

11. Industry or business  
12. Name Frank Tylich

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

14. Maiden name Unknow

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

16. (a) Informant Ida Tylich

(b) Address 1847 S. 10th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm Schumacher  
(b) Address 3013 Meramec St.

19. (a) DEC 11 1946 (Date received local registrar) (b) J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1946 hour 7 minute 30 p M.  
21. I hereby certify that I attended the deceased from 12-9, 1946, to 12-10-1946.  
that I last saw him alive on 12-10-1946 and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Thrombosis Duration 36 hrs

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:  
(c) 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.....  
23. Signature L. F. Murray (M. D. or other) 0  
Address 900 - Russell Bldg Date signed 12-10-46

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

MOTHER FATHER

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

SEP 16 1948

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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 Francis Williamson  
Licensed Embalmer No. 3565  
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.**