

FILED MAR 24 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(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:
2534 California
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 1 month
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Wm. Andrew Tyra

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Clara Tyra 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased. April 22 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 15 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER

12. Name Robert Tyra

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

14. Maiden name Leevisa Bundy

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

16. (a) Informant Anna M. Sheridan

(b) Address 2534 California

17. (a) burial & REMOVAL (b) Date thereof 3-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan, Mo.

18. (a) Signature of funeral director Alexander Lons

(b) Address 6175 Delmar

19. (a) MAR 20 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1947 hour 8: minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb-14-1947
to March 7 1947
that I last saw him alive on March 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder (malignant)

Duration

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death) 52

Major findings: Of operations ✓

Of autopsy none

PHYSICIAN

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 James M. Harkin (M. D. or other) ✓

Address 2075 S. Jefferson Date signed March 7 1947

APR 28 1947

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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 Thomas R. Fenwick

Licensed Embalmer No. 3793

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.