No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10759

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3027

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

1. PLACE OF DEATH:
(a) County
(b) City or town SAINT LOUIS, MISSOURI
(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 or location)
(d) Length of stay: In hospital or institution 1 HOUR (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4959 WABADA AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELI M. TIDWELL
3. (b) If veteran, name war WORLD WAR #1.
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LILLIE TIDWELL nee BOYD
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased MAY 5th, 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	10	22	hr. min.

9. Birthplace ARKANSAS (City, town, or county) (State or foreign country)
10. Usual occupation FREMAN
11. Industry or business WABASH R. R. COMPANY
FATHER 12. Name JASPER TIDWELL
FATHER 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
MOTHER 15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant MRS. LILLIE TIDWELL
(b) Address 4959 WABADA AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY
18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD
19. (a) MAR 29 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 27th year 1948 hour 11 minute 18 A. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage from Laceration of spleen & fracture of pelvis & ribs when struck by wheel of engine & 1000 manual by Frank Rocher Eng. and Wiggins Anderson Fireman while working on a switch about 5:30 last night of Spring and Delle in Winter in the Wabash Railroad yards

Duration

Other conditions contributing to death but not related to disease causing immediate pregnancy within 3 months of death

Date of operation Found 8:40 C.W. March 24

Date of autopsy

PHYSICIAN: Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence March 23 1948
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Work (Specify type of place)
While at work? (e) Means of injury Subway
23. Signature Thomas F. Collins (M.D. or other)
Address Coroner Date signed 3-29-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph C. Lindere

Licensed Embalmer No. 4775

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.