

No. 300
10-48

FILED MAR 28 1952
REG. # 100,587

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11598

State File No.

XC-NONE

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 710

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.	c. LENGTH OF STAY (In this place) 7 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	2067
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMIN. HOSP.		d. STREET ADDRESS (If rural, give location) 4920 EASTON AVE.	

3. NAME OF DECEASED a. (First) LINCOLN (Type or Print)			b. (Middle) B.			c. (Last) TISIUS			4. DATE (Month) (Day) (Year) OF DEATH MARCH 15 1952		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-30-96		9. AGE (In years last birthday) 55 YR.	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FURNITURE MOVER		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) ALTON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME HENRY TISIUS		13b. MOTHER'S MAIDEN NAME LOUISE MYERS		14. NAME OF HUSBAND OR WIFE AGNES TISIUS (WIFE)	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES	16. SOCIAL SECURITY NO. WWL	17. INFORMANT'S SIGNATURE OR NAME UNKNOWN	ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GASTRO-INTESTINAL HEMORRHAGE DUE TO ULCERATION OF GASTRIC VEIN. ANTECEDENT CAUSES DUE TO (b) NODULAR CIRRHOSIS <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) - - - - -		INTERVAL BETWEEN ONSET AND DEATH 12 Days
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> - - - - -		

19a. DATE OF OPERATION - - - - -	19b. MAJOR FINDINGS OF OPERATION - - - - -		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - - - -	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - - -
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - -	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? - - - - -
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22. I hereby certify that I attended the deceased from 3-8-, 1952, to 3-15-, 1952 and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert A. Douke</i>	(Degree or title) MD	23b. ADDRESS VAH, JEFF. BRKS, MO.	23c. DATE SIGNED 3-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Mar. 14, 1952	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) VAH, JEFF. BRKS, MO.
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DATE REC'D BY LOCAL REG. 3-17-52	REGISTRAR'S SIGNATURE <i>Herbert R. Douke MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.	ADDRESS 7814 So. Broadway St. Louis, Mo. 11
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(Licensed Embalmer's Statement on Reverse Side)

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

0500

SW

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Linus C. Hoffmeister

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.