

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26960**

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6810**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If rural, give location) 4027 Robert Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) HILDA b. (Middle) AUGUSTA c. (Last) TIDD		4. DATE OF DEATH (Month) (Day) (Year) JULY 9, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 11, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months Days Hours Min.
11. BIRTHPLACE Manchester, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William F. Seitenstich		13b. MOTHER'S MAIDEN NAME Fredieka Ebericus	
14. NAME OF HUSBAND OR WIFE Calvin J. Tidd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Isabelle Liles, 3031 Capehart		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Diabetes Mellitus Septicemia Cerebral Vascular Accident Sen. Arteriosclerosis		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus ANTECEDENT CAUSES Septicemia Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Septicemia DUE TO (c) Cerebral Vascular Accident II. OTHER SIGNIFICANT CONDITIONS Sen. Arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 260X			
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?			
22. I hereby certify that I attended the deceased from 4-11-53 , 19___, to 7-9-53 , 19___, that I last saw the deceased alive on 7-9-53 , 19___, and that death occurred at 1:15P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edward P. Flynn M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 7-9-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/11/53	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. JUL 10 1953		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE PROVOST, UND. CO., 3710 No. Grand Bl		ADDRESS	

(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert M. Murray

Licensed Embalmer No. _____

3749

P. O. Address _____

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MISSOURI }
City of ST. LOUIS } ss.

State File No. 26960
Local Registrar's No. 6810

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20th day of July, 1953, before me appears.....
BERENICE WOHLERT, who, upon HER oath, states that the original record of ^{birth} death
for HILDA A. TIDD died JULY 9, 1953, in the State of
Missouri, and which was filed at ST. LOUIS, MO. on, 19....., should be corrected as follows:

Item No. 11 should read MARTHASVILLE, MO.

Instead of MAUDSVILLE, MO.

Item No. 13A should read EBERIUS

Instead of EBERIOUS

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Berenice Wohler Relationship Daughter

X 4027 Robert Avenue
Present Address.

Subscribed and sworn to before me this 20th day of July, 1953

My Commission expires Nov. 30, 1953

Harvey Provost
Notary Public.

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