

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43099

State File No. ....

FILED DEC 22 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 2870

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sylvan Beach</u>		c. CITY OR TOWN <u>St Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> = <u>9</u>
c. LENGTH OF STAY (in this place) <u>unk.</u>		e. STREET ADDRESS (If rural, give location) <u>1419 N 8th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sylvan Beach</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Elton</u> b. (Middle) <u>E</u> c. (Last) <u>Tidwell</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec 8 1955</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Feb 12 1915</u>
<b>9. AGE</b> (In years last birthday) <u>40</u>	<b># UNDER 1 YEAR</b> Months _____ Days _____	<b># UNDER 1 HR.</b> Hours _____	<b># UNDER 15 MIN.</b> Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Labor</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>McQuay Norris</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Mississippi</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U S A</u>			
<b>13a. FATHER'S NAME</b> <u>Richard Tidwell</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rosa unk.</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Marie</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		<b>16. SOCIAL SECURITY NO.</b> <u>2nd 425-05-8775</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Marie Tidwell</u> <b>ADDRESS</b> <u>1419 N 8th Street</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Self-inhaled carbon monoxide poisoning.</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>of his automobile parked on the east side of Yarnell Rd., south of Sylvan Beach</u>  DUE TO (c) <u>by County Police officers.</u>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Suicide</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Rural St. Louis Mo.</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>12/9/55 12:28A</u>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Self-inhaled carbon monoxide poisoning - hose leading from exhaust into car.</u>
<b>22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Wald J. Willmann, Coroner</u>		<b>23b. ADDRESS</b> <u>Clayton, Mo.</u>	<b>23c. DATE SIGNED</b> <u>12/13/55</u>
<b>24a. BURIAL OR CREMATION</b> <u>buried</u>		<b>24b. DATE</b> <u>12/12/55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>S S Peter &amp; Paul Cem</u>
		<b>24d. LOCATION</b> (City, town, or county) (State) <u>St Louis Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>12-10-55</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Herbert B. Dombard</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Moydell Funeral Home</u> <b>ADDRESS</b> <u>1926 Allen Av</u>

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed George J. Saboda Jr  
Licensed Embalmer No. 489

P. O. Address 1926 Alle

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**