

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7324

State File No.

Registrar's No. 805

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 805 | |
| 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 town) St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1305 Dolman St. | | | | e. STREET ADDRESS (If rural, give location) 22 1305 Dolman St. 2229 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) VIVIAN | | b. (Middle) _____ | | c. (Last) TYNDYK | | 4. DATE OF DEATH (Month) (Day) (Year) January, 22, 1956 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June, 13, 1915 | |
| 9. AGE (In years last birthday) 40 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 4 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Joseph Niedzelski | | 13b. MOTHER'S MAIDEN NAME Veronica Baca | | 14. NAME OF HUSBAND OR WIFE John Tyndyk | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Tyndyk 1305 Dolman St. | | | |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> <p align="center">Uremic Poisoning</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning</p> <p>ANTECEDENT CAUSES Nephritis, Chronic</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) nephritis (chronic)</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p> | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 3 years | |
| 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) 592x | | | |
| 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 Jan 5, 1956 , to Jan 22, 1956 , that I last saw the deceased alive on Jan 22, 1956 , and that death occurred at 8 P. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Willard T. Nash (Degree or title) _____ | | | | 23b. ADDRESS D. O. 1829 S. 18 | | 23c. DATE SIGNED 1/27/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1/25/56 | | 24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cem | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REG. JAN 24 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHULICK UND. CO. 1722 S. Jefferson. | | | |

(Licensed Embalmer'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.....
Signature of Student Embalmer

Signed *Frank W. Glendon*.....

Licensed Embalmer No. *451*

P. O. Address *St. Louis*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

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