

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

26641

STATE FILE NUMBER

6541

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MISSOURI PACIFIC INSTITUTION EMPLOYEES' HOSD. ASSOC.		Length of stay in 1b 24	d. STREET (If outside, give location) ADDRESS 3131 Nebraska Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANK WM. TIKWART			4. DATE OF DEATH Month Day Year July 12 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 15, 1899
9. AGE (In years last birthday) 63		10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) yard club		10b. KIND OF BUSINESS OR INDUSTRY Terminal Railroad Assn.	11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME FRANK TIKWART	
14. MOTHER'S MAIDEN NAME ALOSIA SIP		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or N/A) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 702-12-4444		17. INFORMANT Address MARY TIKWART 3131 NEBRASKA	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Collapse DUE TO (b) Toxemia DUE TO (c) Perforated & gangrenated appendix PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 550.1			INTERVAL BETWEEN ONSET AND DEATH 16 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from 6/26/57 to 7/12/57 and last saw her alive on 7/12/57 Death occurred at 400 Mac Hwy, St. Louis, MO on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Arnold Weir M.D.		22b. ADDRESS 1755 S. Lindbergh Ave.	
22c. DATE SIGNED 7-13-57		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE July 15, 1957		23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	
23d. LOCATION (City, town, or county) ST. LOUIS		23e. (State) MO.	
24. FUNERAL DIRECTOR Thomas Kuter 2906 Grand		25. DATE RECD. BY LOCAL REG. JUL 15 57	
26. REGISTRAR'S SIGNATURE Carl Smith MD			

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.....

Licensed Embalmer No. 37

P. O. Address.....

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.