WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24302

File No.
Registered No. 6420

1. PLACE OF DEATH

County
Registration District No. 791
Township
Primary Registration District No. 7012
City St. Louis, Mo. (No. 3138a Neosha Street St. Ward)

2. FULL NAME Paul Tikart

(a) Residence, No. 3138a Neosha Street St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christina Tikart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	51	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary 14

FATHER

13. NAME John Tikart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary 8

MOTHER

15. MAIDEN NAME Elizabeth Doepper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT Christina Tikart
(ADDRESS) 3138a Neosha Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE July 13, 1932

19. UNDERTAKER Weick Bros
(ADDRESS) 2201 S. Grand Boulevard

20. FILED JUL 12 1932 Mary C. Starkloff Registrar 7/12/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10th, 1932

22. I HEREBY CERTIFY, That I attended deceased from M. Physician in Attendance, 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	
Overcome by fumes of Motor exhaust of Auto in Garage at Residence	

Other contributory causes of importance:

Accident

M.C. 7.8C (8) (7)

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide or homicide~~? Date of injury July 10, 1932
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Carbon Monoxide Poisoning Home
Nature of injury " " "

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. W. Cerner, M. D.
(Address) Dept. Coroner