

REC'D JUN 9 1938

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

16228

Do not use this space.

4089

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis, Mo. (d) Street No. 4232 Juniata St. St. 16  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Frank J. Tittle 340  
(a) Residence, No. 4232 Juniata St. St. 16 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sally Tittle  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1873  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
About 65 Unknown Unknown  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Musician  
9. Industry or business in which work was done, as 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) St. Louis, Missouri  
13. NAME Joseph Tittle  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia  
15. MAIDEN NAME Mary Forst  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia  
17. INFORMANT (ADDRESS) Sally Tittle  
4232 Juniata St.  
18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE May 3 1938  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Moydell  
1926 Allen Ave.  
20. FILED MAY - 3 1938 J. B. Bredeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1938

22. I, HEREBY CERTIFY, That I attended deceased from Apr 21 1938 to May 1 1938  
I last saw him alive on Apr 30 1938 Death is said to have occurred on the date stated above, at 10:00 Am.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
(Exact date uncertain)  
Date of onset About March 1938

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? X-Ray full date 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....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Robert J. Norman M. D.  
(Address) 1115 Carl Owen Bldg  
St. Louis Mo

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed..... *W. B. Smaydell*

Licensed Embalmer No. *1467*

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 this body is not embalmed, above space should be left blank.**