

3 17 1939

REC'D MAR 9 1939

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

7794
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Overland Primary Registration District No. 200
 (c) City Overland (d) Street No. 2424 Northland St. _____
 (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 Susan Maria Tisch
 (a) Residence, No. 2424 Northland St. (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 Female 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 Louis Tisch
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Switzerland 7

FATHER 13. NAME Gottlob Gerstner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Susan M. Schellenber
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Louis Tisch
 (ADDRESS) 2424 Northland

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lake Charles DATE Feb. 18 39

19. FUNERAL DIRECTOR (NAME) Drehmann & Harral
 (ADDRESS) 1905 Union Blvd.

20. FILED FEB 11 1939
FEB 17 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 19 39
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1938, to Feb. 15 1939
 I last saw her alive on Feb. 15 1939. Death is said to have occurred on the date stated above, at 12:50 P.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis
Myocardial Infarction
Broncho pneumonia
 Other contributory causes of importance: 92 W
 Name of operation None Date of _____
 What test confirmed diagnosis? Was there an autopsy? No

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) David W. Miller M.D.
 (Address) 5655 Belmont Bl.

Date of onset
1930
Feb. 1939

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.

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

Warren A. Casper

Licensed Embalmer No.

3534

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.