

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

23097

Do not use this space.

REC'D JUL 19 1939

**1. PLACE OF DEATH**

(a) County St. Charles 9 Registration District No. 757  
 (b) Township St. Charles 1 Primary Registration District No. 2026 Registered No. 89  
 (c) City St. Charles (d) Street No. 819<sup>2</sup> S. Main St. 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**

(a) Residence, No. 500 Donald Francis Tihen  
819<sup>2</sup> S. Main St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6th, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
— 2 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) St. Charles Mo. (STATE OR COUNTRY) Mo.

FATHER 13. NAME Henry Tihen

14. BIRTHPLACE (CITY OR TOWN) St. Charles, Mo (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Florence Burnett

16. BIRTHPLACE (CITY OR TOWN) St. Charles, MO (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Henry Tihen

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cemetery DATE June 21, 1939

19. FUNERAL DIRECTOR (NAME) Maxbaum-Baul (ADDRESS) St. Charles, Mo

20. FILED June 20, 1939 Clarence S. Moser Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h.s.m. alive on June 19, 1939. Death is said to have occurred on the date stated above, at 9:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Strangling with this baby who was about 2 1/2 months of age and had been doing fine.

Other contributory causes of importance: 144 W

Name of operation \_\_\_\_\_ 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? No 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Raymond S. Gagner, M. D.

(Address) St. Charles, Mo.

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.

92  
43

**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 Arthur C. Bane  
Licensed Embalmer No. 3144  
P. O. Address St Charles Ill.

**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.**