

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X1051

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26794

Registration District No. 117 54

Primary Registration District No. 20

Registrar's No. 1351

1. PLACE OF DEATH: 3

(a) County St. Louis

(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Clare Convalescent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Four weeks
(Specify whether years, months or days)

In this community Four weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 5558 Maple Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Edgar Tichenor 251

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1939 hour 4 minute 20 P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 12, 1939, to July 7, 1939
that I last saw him alive on July 6, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Cancer of Prostate ?
Duration _____

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

Due to _____
Due to 51

10. Usual occupation Railroad man

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business Mo. P. & N. R. R.

Major findings: _____
Of operations _____

MOTHER FATHER { 12. Name Unknown

Of autopsy 200 M C

13. Birthplace _____
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Unknown

15. Birthplace 5525 "
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edgar Tichenor

(b) Address 5558 Maple Ave 7-2-39

17. (a) Med School (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis 7-10-39

18. (a) Signature of funeral director W. P. ...

(b) Address 3500 ...

19. (a) AUG 1 1939 (b) 9A ...
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? 6 (Specify type of place) (e) Means of injury _____

23. Signature M. Schmidt (M. D. or other) _____

Address 6704 W. F. ... Date signed July 9/39

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 Harrison Eaton, Registered Apprentice No. 210 working under my personal supervision.

Signed

Raymond E. Gerke

City license #99

Licensed Embalmer No. 3985

P. O. Address St. Louis, Mo

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.