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

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4064

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 6

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town Rural
(c) Name of hospital or institution: St Joseph Hospital
(d) Length of stay: In hospital or institution 7 hours
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County St Charles
(c) City or town Rural
(d) Street No. near Wallon Spring
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME ISABELLE TYELSCH
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 10
year 40 hour none M.
21. I hereby certify that I attended the deceased from Jan 10
1941 to Jan 10 1941
that I last saw her alive on Jan 10 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles TYELSCH
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased APRIL 24 1866

Immediate cause of death Acute Cardiac Failure Duration 1 day
Due to Cardio-Renal Disease?
Due to
Other conditions 12/1/40
Major findings:
Of operations
Of autopsy

8. AGE: Years 74 Months 8 Days 16
If less than one day hr. min.

9. Birthplace DENT County mo
10. Usual occupation House wife

11. Industry or business
12. Name Henry DAWSON U.S.A
13. Birthplace North Carolina
14. Maiden name ELIZABETH DUFFY
15. Birthplace Missouri

16. (a) Informant Edua Engelmann
(b) Address 3012² Warren St. Louis Mo
17. (a) Burial (b) Date thereof Jan 13 1941
(c) Place: burial or cremation Wallon Spring

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

18. (a) Signature of funeral director Morris Muehler
(b) Address Harvey mo
19. (a) 1-11-41 (b) Clarence G. Kessler
(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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature John Jenkins (M. D. or other) D
Address St Charles Date signed 1-11-41

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 _____

Licensed Embalmer No. 2461

P. O. Address Harvey

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.