

OCT 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30285

State File No. 7624

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3560 So. Spring Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 57 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 16 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3560 So. Spring Ave 9  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME George Robert Tichacek

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February 22 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 30 If less than one day hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

MOTHER FATHER { 12. Name Louis J. Tichacek

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Anna J. Wodicka

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Tichacek

(b) Address 3560 So. Spring Ave

17. (a) Burial (b) Date thereof 9-24-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director J. J. Brudick

(b) Address 3634 Gravois Ave.

19. (a) SEP 22 1941 (b) J. J. Brudick  
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21  
year 1941 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug 15 - 40  
19 Sept 21 1941  
that I last saw him alive on Sept 21 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Miscellaneous Chorea 15 months  
Repetitive Chorea 15 months  
Due to Not Known

Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place) (a) Means of injury

23. Signature Robert E. Walker (M. D. or other)  
Address Paul Brown Bldg St. Louis Date signed Sept 27

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

2070

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**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 Robert Wheeler

Licensed Embalmer No. 2128

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, fact should be so stated above.**