

U.S. No. 2
DM-1-4-41
Rev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 945
82
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute City Hospital
(d) Length of stay: 46 years
In this community 46 years

3. (a) PRINT FULL NAME Ulysses S. Tidd
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife Clara Tidd (Hinger)
6. (c) Age of husband or wife if alive, deceased years
7. Birth date of deceased: Nov. 2, 1866

8. AGE: Years 75, Months 2, Days 1, If less than one day hr. min.

9. Birthplace: Illinois

10. Usual occupation: Retired Baker

11. Industry or business:
12. Name: Not Known
13. Birthplace: Not Known
14. Maiden name: Not Known
15. Birthplace: Not Known

16. (a) Informant: Eugene Tidd
(b) Address: 4438 Dewey Ave.

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof: 1/6/42
(c) Place: burial or cremation: New Pickers Cemetery

18. (a) Signature of funeral director: Math. Hermann & Son
(b) Address: 2161 East Fair Avenue

19. (a) J. F. Prelock (Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 905 Market Street
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 3, year 1942, hour 1, minute 30 M.

21. I hereby certify that I attended the deceased from...
that I last saw h... alive on...
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Atherosclerosis

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

Major findings: Of operations: Of autopsy:

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?

23. Signature: (Specify type of place) (M. D. or other) Date signed: 1/5/42

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

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.....

Leonard Hampton

Licensed Embalmer No. *2967*

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.