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S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23198

Registration District No. 1003 Primary Registration District No. Registrar's No. 6094

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Days (Specify whether years, months or days)
In this community 40 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 12 9 23
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1012 Victor St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Tylich, Sr
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept (Month) 3 (Day) 1871 (Year)

8. AGE: Years 70 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Austria (City, town, or county) 4 (State or foreign country)
10. Usual occupation Labor
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Frank Tylich Jr
(b) Address 1012 Victor St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation St Matthews Cem
18. (a) Signature of funeral director E. Carl White
(b) Address 4259 Lindell
19. (a) JUL 18 1942 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17, year 1942 hour 3:52 minute A.M.
21. I hereby certify that I attended the deceased from June 29, 1942 to July 17, 1942 that I last saw him alive on July 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
cerebral thrombosis (old)
Hereditary arteriosclerosis
Due to Bronchopneumonia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above.

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

23. Signature Dr. Peterson (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 7/17/42

84 (Licensed Embalmer's Statement on Reverse Side)

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: Arnold W. Schoene

Licensed Embalmer No. 3864

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.