

LED APR 19 1943

318

1003

3290

Registration District No. ....

Primary Registration District No. ....

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:  
**St. Anthony's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**  
(c) City or town..... **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No..... **3746 S. Grand Bl.** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Frances A. Tichacek**

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

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

6. (b) Name of husband or wife **Jerome E. Tichacek** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **Sept. 28, 1893**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**49 6 9** hr. min.

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

10. Usual occupation **at home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Wladyslaw Kalinowski**  
13. Birthplace **Poland** (City, town, or county) (State or foreign country)

14. Maiden name **Anna Haas**  
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Jerome Tichacek**  
(b) Address **3746 S. Grand Bl.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Apr. 12, 43**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Old SS. Peter and Paul**

18. (a) Signature of funeral director **Weick Bros.**  
(b) Address **2201 S. Grand Bl.**

19. (a) **APR 10 1943** (Date received local registrar) **J. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **7**  
year **1943** hour **9** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Sept 21-42**  
19..... to **Apr 7** 19.....  
that I last saw him **alive on Apr 7** 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Nephritis, Chronic**  
**ref. previous** Duration **Not known**

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death) **131**

Major findings: Of operations.....  
Of autopsy.....  
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)  
23. Signature **Robert P. Brown** (M. D. or other) **0 MD**  
**Paul Brown** Address Date signed **Apr 9 43**

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

*Rev. Wm. O'Connell  
and Rev. P. Kelly*

**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... *Nancy A. Stewart*.....  
Licensed Embalmer No..... 3722.....

P. O. Address 412 Duchouquette St.

**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.**