

FILED JUN 14 1943 318

State File No. _____

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **5214**

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

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:
Alexian Brothers 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 **Mo.** (b) County **St. Louis**
 (c) City or town **Mehl ave.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Route 11, Box 431 Mehlville**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Joseph J. Tischler**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **5**
 year **1943** hour **12** **Noon**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Anna Tischler**
 6. (c) Age of husband or wife if alive **66** years
 7. Birth date of deceased **June 16 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 5** to **May 5**, 19**43**
 that I last saw him alive on **May 5**, 19**43**
 and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **11** Days **19**
 If less than one day _____ hr. _____ min.

Immediate cause of death **General debility - prostate**
 Due to _____
 Due to _____

9. Birthplace **Austria 4**
(City, town, or county) (State or foreign country)

Other conditions **51**
(Include pregnancy within 3 months of death)

10. Usual occupation **Bricklayer**

Major findings: Of operations _____
 Of autopsy **Same as above**
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 11. Industry or business _____
 12. Name **Vincent Tischler**
 13. Birthplace **Austria 4**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Austria 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Tischler**
 (b) Address **Route 11 Box 431 Lemay, Mo.**

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? _____

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 8, 1943**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Lebanon Cemetery**

23. Signature **J. J. Prudek** (Specify type of place) _____ (M. D. or other) _____
 Address **729 Broadway** Date signed **6/7/43**

18. (a) Signature of funeral director **C. Hoffmeister U. A. L. Co.**
 (b) Address **7814 S. Broadway**
 19. (a) **JUN 7 1943** (Date received by Registrar) **J. J. Prudek** (Registrar's signature)

W Moore

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.....

Linus C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed *Linus C. Hoffmeister*
Licensed Embalmer No. *3851*

P.O. Address *7814 S. Broadway*

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.