

S. No. 2
M-2-43
5-17-39
X13587

Registration District No. **4318**

Primary Registration District No. **1008**

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:
Jewish Hospital
(If not in hospital or institution, write street number or location) **0**

(d) Length of stay: In hospital or institution..... (Specify whether
in this community..... years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4419 Washington Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James W. Tisius.

3. (b) If veteran, name war No

3. (c) Social Security 489-05-6087.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marie Tisius

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

7. Birth date of deceased Feb. 16, 1887.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 7 15 hr. min

9. Birthplace Alton, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

12. Name Chrisitan H. Tisius

13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Meyer

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. L. Mason Jr.

(b) Address 5430 Cabanne Ave.

17. (a) burial (b) Date thereof Oct. 4/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) Oct 3 1943 (b) J. F. Prudek
(Data received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1943 hour 2.45 minute A.M. M.

21. I hereby certify that I attended the deceased from Aug. 8
1943 to Oct. 1 1943
that I last saw him alive on Sept. 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus Duration 5

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy Ca of Esophagus

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) (e) Means of injury.....

23. Signature Core J. Pfeiffer (M. D. or other) M.D.
Address 462 N. Taylor St. Date signed 10/2/43

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.....

Licensed Embalmer No. **3225**.....

P. O. Address..... **1125 Hodiament Ave.**.....

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.