No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16176

FILED JUN 1 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4530

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bliss Hospital — 0
(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: 000

(a) State Mo. (b) County 12 11

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4533A Page Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ada E. Block

3. (b) If veteran, name war No

3. (c) Social Security No. 497-05-8049

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Christian

(c) Age of husband or wife if alive years

7. Birth date of deceased April Ist, 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laundry Worker

11. Industry or business Laundry

FATHER
12. Name Andrew Tischhouser
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer O. Ulrich
(b) Address 5651 Park Lane Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/44
(Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 N. Kingshighway

19. (a) MAY 16 1944 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1944 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Arterio Sclerosis

Due to

Due to

Other conditions 94
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 3

23. Signature James J. Fitzsimmons Coroner (M.D. or other)
Address 1300 6 Barle Date signed 5/16/44

(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 John Ogonoski

Licensed Embalmer No. 3348

P. O. Address.....

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.