DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 8023

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1454

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

**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:
2045 Russell Blvd.
(If not in hospital or institution, write street number or location)

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

In this community

**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") 23 17

(d) Street No. 2045 Russell Blvd. (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 7

If yes, name country

3. (a) PRINT FULL NAME Eugene T, Tunnicliff.

3. (b) If veteran, name war No

3. (c) Social Security No. 489 18 8247

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased About 1868 (Month) (Day) (Year)

8. AGE: Years 78 Months Unknown Days If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name John Tunnicliff
13. Birthplace Cinncinati (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Affie English
15. Birthplace Cinncinati (City, town, or county) (State or foreign country)

16. (a) Informant Eulalia Bena
(b) Address 2045 Russell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/46 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wm E Mogull
(b) Address 1926 Allen Av.

19. (a) FEB 13 1946 (Date received local registrar) (b) J. F. Broecker (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 10th year 1946 hour 8.30 minute P M.

21. I hereby certify that I attended the deceased from 2/7 1946 to 2/10 1946 that I last saw him alive on 2/9 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Acute Cardiac Syncope | Instant |
| Myocarditis, Chr. | ? |
| Due to Arteria-sclerosis | ? |
| Due to Senility | — |
| Chronic Bronchitis | ? |
| Other conditions (Include pregnancy within 3 months of death) | |
| 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature William H. Brocker (M. D. or other) M.D.

Address 1225 Sidney St Date signed 2/4/46

(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 Roy C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

**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.**