

S. No. 2
DM-5-43
v. 5-17-39
P. 1 X36671

22287

DEPARTMENT OF COMMERCE, THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS, STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5155**

FILED JUN 20 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

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: **Jewish Hos'p**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **abt 6 months** (Specify whether 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. **275 N. Union**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EDITH ACKERMAN TUHOLSKE**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**
4. Sex **female** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Eugene Tuholske**
6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **Oct 13, 1883**
(Month) (Day) (Year)
8. AGE: Years **62** Months **7** Days **26**
If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **9th**
year **1946** hour **5** minute **A** M.
21. I hereby certify that I attended the deceased from **May 4 to June 9** 19 **46**
that I last saw him **alive** on **June 9** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebrovascular fracture of heart**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **50**
Major findings:
Of operations _____
Of autopsy **Same as above**

9. Birthplace **Pittsburgh Pa.**
(City, town, or county) (State or foreign country)
10. Usual occupation **At home**
11. Industry or business _____
MOTHER FATHER { 12. Name **Isaac Ackerman**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Laura Bower**
15. Birthplace **Buffalo N.Y.**
(City, town, or county) (State or foreign country)
16. (a) Informant **Eugene Tuholske**
(b) Address **Congress Hotel Apt.**
17. (a) **Burial** (b) Date thereof **6/10/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Sinai**
18. (a) Signature of funeral director **Mayer**
(b) Address **4356 Lindell Blvd**
19. (a) **JUN 10 1946** (Date received local registrar)
J. F. Bredek (Registrar's signature)

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 **J. F. Bredek** (M. D. or other) _____
Address **14th Bldg** Date signed **6/10/46**

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.....

R. W. Wilkinson

Licensed Embalmer No..... *3575*

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.