No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 14 1947
Registration District No. 37

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12012
Primary Registration District No. 6076
Registrar's No. 774

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Lemay (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lemay Nursing Home (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: Mo. (b) County: St. Louis
(c) City or town: Lemay (If outside city or town limits, write "RURAL")
(d) Street No.: Mehl ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Anna Tischler
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Joseph J. Tischler
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 18 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
69	8	15	..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER 12. Name: John Dvorak
13. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Mary Studdla
15. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Clarence Tischler
(b) Address: 928 Erskine Lemay, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 7-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Lebanon Cem.
18. (a) Signature of funeral director: C. Hoffmeister Colonial Mortuary
(b) Address: 6464 Chippewa St.
19. (a) 4-7-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 3 year 1947 hour 8 minute 45 P. M.
21. I hereby certify that I attended the deceased from 4/21/45, 19..., to 4/3, 19 47, that I last saw her alive on 3/17, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Adenocarcinoma of Breast	6 yr.
Due to: Metastasis to	1 yr.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ..... Of autopsy	

PHYSICIAN — Underline the cause of 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? ..... (Specify) (e) Means of injury .....
23. Signature: [signature] (M.D. or other)
Address: 6015 S. Brentwood Date signed: 4/5/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Mitler County Hosp.

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 Harry J. Schuemacher

Licensed Embalmer No. 2679

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.