S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43547

Registrar's No. 11969

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 Mo. Baptist Hospital
(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:

(a) State Missouri (b) County

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

(d) Street No. 4280 Arsenal Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Tighe

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas Tighe

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

7. Birth date of deceased November (Month) 19 (Day) 1875 (Year)

8. AGE: Years 72 Months 1 Days 10 If less than one day 13 hr. 30 min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Francis Walters
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Mary ?
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Walter J. Tighe
(b) Address 4280 Arsenal St., St. Louis, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/31/47 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address 6633 Clayton Rd., St. Louis 17, Mo.

19. (a) DEC 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month December day 29 year 1947 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 26th, 1947 to December 29, 1947 that I last saw her alive on December 29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac vascular renal disease	
Due to Cerebral Hemorrhage and	
Due to Sclerosis Liver and Cirrhosis	
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? (e) Means of injury

23. Signature R K Andrews (M. D. or other) XXXX

Address 3720 Washington Blvd. Date signed 12/30/47

Jefferson City Printing Co. (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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St Louis, Mo.

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.