

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35654
State File No.
Registrar's No. 8747

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. 1003	Registrar's No. 8747	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5348 Patton Ave.			STREET ADDRESS (If rural, give location) 5348 Patton Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Edward C.		b. (Middle) G.	c. (Last) Tirre	4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 12, 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days
IF UNDER 1 HR. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Dealer	10b. KIND OF BUSINESS OR INDUSTRY Coal Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Tirre		13b. MOTHER'S MAIDEN NAME Charlotte Frovetter	14. NAME OF HUSBAND OR WIFE Pauline Tirre		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pauline Tirre-5348 Patton Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Hypertension Heart Disease ANTECEDENT CAUSES Ch. Myocarditis Extensive Splan. Choma Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Gangrene Rt foot & Hemiplegia on re-ops.				INTERVAL BETWEEN ONSET AND DEATH chronic 4221 4 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION on re-ops.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H-570			
22. I hereby certify that I attended the deceased from Feb 3, 1944 , to Oct 10, 1949 , that I last saw the deceased alive on Oct 7, 1949 and that death occurred at 3:50 P. m. , from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) Debra J. Kohler			23b. ADDRESS 4961 P. Delmar		23c. DATE SIGNED 10/11/49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/13/49	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. OCT 11 1949	REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral - 1905 Union Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. E. J. Kohler ()
4968a Delmar Blvd.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Warren A. Caw

Licensed Embalmer No. 3534

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.