

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6727**
Registrar's No. **1931**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No. _____ b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2221 Thurman Ave.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
3. NAME OF DECEASED (Type or Print) ETHEL		d. STREET ADDRESS (If rural, give location) 2221 Thurman Ave.	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb. 27 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 17, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72 # UNDER 1 YEAR Months Days # UNDER 2 WKS. Hours Min.
13a. FATHER'S NAME Leander Riker		13b. MOTHER'S MAIDEN NAME Eveline Tisdal	11. BIRTHPLACE (State or foreign country) Painesville, Ohio
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY?
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. INFORMANT'S SIGNATURE OR NAME Willard S. Tisdal	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocarditis		ADDRESS 2221 Thurman Ave.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		14. NAME OF HUSBAND OR WIFE Willard S. Tisdal	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had proplexy twice in 1942		15. INTERVAL BETWEEN ONSET AND DEATH Feb 19 51	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	16. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 334X	
22. I hereby certify that I attended the deceased from Feb 19 51 , 19____, to Feb 26 , 1951, that I last saw the deceased alive on Feb. 26 , 1951, and that death occurred at 6:00 A m., from the causes and on the date stated above.			
23a. SIGNATURE A. Vercauteren M.D.		23b. ADDRESS 1504 St. Grand	23c. DATE SIGNED 2/27/51
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Feb. 28, 1951	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Painesville, Ohio
DATE REC'D BY LOCAL REG. FEB 27 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
		ADDRESS 4228 S. Kingshighway Bl.	

10-21-57

Richard W. Stovesand

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.