

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**30488**

**FILED AUG 20 1953**

State File No. ....

**7103**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY *****		a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN ***** <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give townshp) <b>2039</b> OR TOWN <b>St. Louis</b> <b>0</b>	
c. LENGTH OF STAY (in this place) *****		d. STREET ADDRESS (If rural, give location) <b>3 6576 Smiley Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6576 Smiley *****</b>			
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
a. (First) <b>Teresia</b>			<b>July 19, 1953</b>
b. (Middle) _____			
c. (Last) <b>Tisberger</b>			
<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b>
<b>Female</b>	<b>White</b>	<b>Married</b>	<b>January 10 1902</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during part of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>9. AGE</b> (In years last birthday) Months Days
<b>Cleaning Lady</b>		<b>St. Mary Hospital</b>	<b>51 years</b>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country)		<b>12. CITIZEN OF WHAT COUNTRY?</b>	
<b>Hungary</b>		<b>8</b>	
<b>13a. FATHER'S NAME</b>		<b>13b. MOTHER'S MAIDEN NAME</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
<b>Karl Gungl</b>		<b>Teresia Oberritter</b>	<b>Sebastian Tisberger</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS
<b>No</b> *****		<b>496-36-9784</b>	<b>Sebastian Tisberger 6576 Smiley Ave</b>
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>CANCER OF THE BRAIN</b>			
<b>ANTECEDENT CAUSES</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <b>CANCER OF THE LUNG</b>			
DUE TO (c) _____			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
			<b>163X</b>
<b>22. I hereby certify that I attended the deceased from 7/1, 1953, to 7/13, 1953, that I last saw the deceased alive on 7/13, 1953, and that death occurred at 5:50P, m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title)		<b>23b. ADDRESS</b>	<b>23c. DATE SIGNED</b>
<b>William B Johnson</b>		<b>Trinity Desloge Hosp</b>	<b>7/20/53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State)
<b>Removal</b>	<b>July 22, 1953</b>	<b>Calvary</b>	<b>5239 W. Florissant</b>
<b>DATE REC'D BY LOCAL REG.</b>	<b>REGISTRAR'S SIGNATURE</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS	
<b>JUL 21 1953</b>	<b>J. Earl Smith M.D.</b>	<b>C. Hoffmeister Colonial Mortuary</b> <b>646 Chippewa St. St. Louis Mo.</b>	

WRITE PLAINLY—USING UNFADING INK

**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 \_\_\_\_\_

*Linus C. Hoffmeier*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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

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