

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17007**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **121**

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR Saint Charles		c. LENGTH OF STAY (in this place) D.O.A.	c. CITY OR TOWN Saint Charles
d. FULL NAME OF HOSPITAL OR INSTITUTION: Saint Joseph's Hospital		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS (If rural, give location) 1637 Trendley		09230	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Sylvester c. (Last) Tihen			4. DATE OF DEATH (Month) (Day) (Year) June 8, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 28, 1905		9. AGE (In years last birthday) 49 IF UNDER 1 YEAR: Months 4 Days 10 IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY A. C. Fdry.		11. BIRTHPLACE (City and State or Foreign Country) Saint Charles, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Henry Tihen		13b. MOTHER'S MAIDEN NAME Elizabeth Wussler		14. NAME OF HUSBAND OR WIFE Beulah Jennings	
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 493-03-5268		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Beulah Tihen, St. Charles, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 24 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Coronary Arteries		DUE TO (c)		Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/201		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)	
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?	

22. I hereby certify that I attended the deceased from March 20, 1954, to June 5, 1954, that I last saw the deceased alive on June 5, 1954, and that death occurred at 11:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. A. Reeves M.D.		23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED June 10, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1954		24c. NAME OF CEMETERY OR CREMATORY Saint Peter's Cemetery	
				24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.	

DATE REC'D BY LOCAL REG. June 9 1954		REGISTRAR'S SIGNATURE Clayde H. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. C. Dalloway - St. Charles, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 3 1956

JUN 30 1954

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.....
Signature of Student Embalmer

Signed.....
Frank R. Amalson

Licensed Embalmer No.....
4

P. O. Address.....
St. Charles

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.