

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17318

State File No. 4231

BIRTH NO. 27073-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. 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 OR TOWN St. Louis d. Is residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital e. STREET ADDRESS (If rural, give location) 1528 Cutter Ave 2049

3. NAME OF DECEASED a. (First) Elaine b. (Middle) c. (Last) Tschlis 4. DATE OF DEATH (Month) (Day) (Year) 3-28-54

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 3028054 9. AGE (In years last birthday) 4 10. UNDER 1 YEAR 120 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY?

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Angelo Tschlis 13b. MOTHER'S MAIDEN NAME Mary Thomas 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mary Tschlis 18. ADDRESS 1528 Cutter, St. Louis

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Trauma
INTERVAL BETWEEN ONSET AND DEATH
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Hard Labor -
DUE TO (c)
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 20. AUTOPSY? YES NO

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) St. Louis (COUNTY) MO (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 7600

22. I hereby certify that I attended the deceased from March 28, 1954, to March 28, 1954, that I last saw the deceased alive on March 28, 1954 and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fred V. Emmert M.D. 23b. ADDRESS 208 N. Grand 23c. DATE SIGNED 3-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 5-31-54 24c. NAME OF CEMETERY OR CREMATORY Anatomical Bldg 24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. MAY 11 1954 REGISTRAR'S SIGNATURE J. Carl Smith MD FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service ADDRESS

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

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.....

Licensed Embalmer No.....

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