

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 42889

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10926

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 town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2239	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1309 Russell Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1309 Russell Ave		23 1309 Russell Ave 0	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) C. c. (Last) Tikwart		4. DATE OF DEATH (Month) (Day) (Year) 11---28---'54	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 15, 1905
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Chauffeur	11. BIRTHPLACE (State or foreign country) St. Louis Mo 0
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Trucking	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Frank Tikwart		13b. MOTHER'S MAIDEN NAME Aloise Sipp		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W.#1 Army		16. SOCIAL SECURITY NO. 492-01-1016		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank W Tikwart-3131 Nebraska 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>12 days</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) _____ DUE TO (c) _____				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from 4, 1950, to 11-28, 1954, that I last saw the deceased alive on 11-16, 1954, and that death occurred at 4:15 m., from the causes and on the date stated above.

23a. SIGNATURE <i>Carl Smith</i> (Degree or title)		23b. ADDRESS 5203. Chippewa		23c. DATE SIGNED 11-30-54	
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-1-'54		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cem		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. NOV 30 1954		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Moynell Funeral-1926 Allen Ave		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 4 Mo

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.