

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42703  
State File No. ....  
11640  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 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 1309 Russell Blvd e. STREET ADDRESS (If rural, give location) 23 1309 Russell Blvd

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) \_\_\_\_\_ c. (Last) Tikwart 4. DATE OF DEATH (Month) (Day) (Year) Dec 31 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Aug 18 1863 9. AGE (In years last birthday) 92 If UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ If UNDER 10 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Dealer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) Czechoslovakia 12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Aloisia 9Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Mae Dahman ADDRESS 3131 Nebraska Av.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardiac arrest MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES (b) Myocardial sclerosis 1 week Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS Senility 10 years 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.) 422.2 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

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

22. I hereby certify that I attended the deceased from 1-12-, 1950, to 12-31, 1955, that I last saw the deceased alive on 12-28, 1955, and that death occurred at 44 m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 23b. ADDRESS 5203 Chipmunk 23c. DATE SIGNED 1-3-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1/4/56 24c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Cem 24d. LOCATION (City, town, or county) (State) St Louis Missouri

DATE REC'D BY LOCAL REG. JAN 3 1956 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Moynell Funeral Home 1926 Allen Av

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 *Renshield K. Lohman*

Licensed Embalmer No. *339*

P. O. Address *St. Louis*

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.