DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 262

FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 262

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Foot of Destrehan St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community 30 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis (If outside city or town limits write "RURAL")

(d) Street No. 5440 Janet Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? U.S. Born. years.

3. (a) PRINT FULL NAME Charles Tuschhoff

8. (b) If veteran, name war None

3. (c) Social Security No. 486-18-5993

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Auguste

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased May (Month) 5 (Day) 1871 (Year)

8. AGE: Years 69 Months 8 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace Old Appleton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Weigher

11. Industry or business National Ammonia Co.

MOTHER FATHER

12. Name Bernard Tuschhoff

13. Birthplace ____ (City, town, or county) Missouri (State or foreign country)

14. Maiden name Elizabeth Kroman

15. Birthplace ____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Jack Lorenz

(b) Address 5440 Janet

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 1941 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis Ave.

19. (a) JAN 11 1941 (Date received local registrar) (b) F. H. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

No attending physician

20. DATE OF DEATH: Month Jan. day 9 year 1941 hour 10 minute 40 A M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Hemorrhagic Gastritis; ~~Chronic~~ Myocarditis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93k	

Major findings:
Of operations ____
Of autopsy 93k

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature James J. Fitzsimmons Coroner (M. D. or other)

Address ____ Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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.....

Harold Braun, Registered Apprentice No. 257,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3737

P. O. Address 1936 W. Fowler

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, above space should be left blank.

No. 2
1-4-41
-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 267 X

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 262

REGINA MOORE

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis N. R. (If outside city or town limits, write "RURAL")

(d) Street No. 5440 Vanet (If rural, give location)

(e) Citizen of foreign country? White Walnut Manor

If yes, name country

3. (a) PRINT FULL NAME Charles Tuschhoff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day, hr. min.
69	8	4	

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan day 9

year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw him alive on , 19 ;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature James J Fitzgerald M.D. or Coroner

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

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