

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25031

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis (No. 7722 Page Ave.)

Registration District No. 289
Primary Registration District No. 6033D

File No. _____
Registered No. 207 St. _____ Ward _____

2. FULL NAME James H. Tanquary.

(a) Residence. No. 7722 Page Ave. St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Matina J. Tanquary.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 2 1856.

7. AGE: YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physician.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bellmont.
(STATE OR COUNTRY) Illinois.

10. NAME OF FATHER James W. Tanquary.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Buchanan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois.
(STATE OR COUNTRY)

14. INFORMANT Matina Tanquary
(Address) 7722 Page Ave

15. FILED 7/28 19 28 July 28 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2, 1928.

17. I HEREBY CERTIFY, That I attended deceased from June 26 1928 to July 2 1928 that I last saw him alive on July 2 1928, and that death occurred, on the date stated above, at 5:10

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
Valvular Disease

(duration) _____ yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Hypertension
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? NOT AT PLACE OF BIRTH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) [Signature], M. D.
7/28, 19 28 (Address) 845 The Theatre Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cem DATE OF BURIAL 7-5 1928

20. UNDERTAKER Geo. L. Pleitach ADDRESS 5966 Eastern

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

