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.

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

Do not use this space.

37454

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10116

City Saint Louis (No. 2679 Scott Avenue St. ..... Ward)

2. FULL NAME Daniel Tansiel

(a) Residence, No. 2679 Scott Avenue St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unknown 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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1867

7. AGE: abt 65 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 46

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2 46 3

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Louisiana

FATHER

13. NAME: Abraham Tansiel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Louisiana

MOTHER

15. MAIDEN NAME: Eliza Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Louisiana

17. INFORMANT (ADDRESS): Mrs Eliza Tansiel 2679 Scott Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Nov. 20, 1932

19. UNDERTAKER (ADDRESS): Charles J. Gates 4107 Finney Avenue

20. FILED NOV 16 1932 19 May C. Hartley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 10th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from February 29, 1932, to November 10th, 1932
I last saw him alive on November 10th, 1932. Death is said to have occurred on the date stated above, at 11:25 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the Pancreas and duodenum
Primary in Pancreas 46

Date of onset: Unk

Other contributory causes of importance:
Mesenteric metastases with intestinal occlusion
Obstruction

Name of operation: Autopsy (D) Date of 11/11/32
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) J. T. Breedlove, M. D.
(Address) 2900a Market