

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

JAN 13 1936

791

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No. **Carnes Hospital**
City **St. Louis** (No. **CH 10354**)

File No.
Registered **400, 78** St.

2. FULL NAME

(a) Residence, No. **CH 10354** St. **NR** Ward. **Mineral Pk**
(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 **Mary Tanhan**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 23rd 1906**

7. AGE YEARS **29** MONTHS **2** DAYS **8** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Tractor**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Operator**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Francis Tanhan**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Pamantly Marler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Mrs Mary Tanhan Mineral Park Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mineral Park Mo** DATE **Dec. 4th 1935**

19. UNDERTAKER (ADDRESS) **Albert H. Hoffe Inc. 629 W. Birkhead Ave.**

20. FILED **DEC - 9 1935** **J. F. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 1st 1935**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **8:53** m.
The principal cause of death and related causes of importance were as follows:

Subdural Haemorrhage of Brain (traumatic) received while he was cranking a dialing engine and came back - fixed.
Other contributory causes of importance: **causing crank to strike him in the joint at Potosi Mo. 1945 Accident**

Name of operation..... Date of.....
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? **Accident** Date of injury **11/25/1935**
Where did injury occur? **Potosi Mo** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **In Industry**
Nature of injury **Struck by crank (dialing engine) during Haemorrhage of Brain**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Yes**
(Signed) **J. F. Bredeck** Registrar
(Address) **St. Louis, Mo**

12/2/35

