

APR 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **ST. LOUIS MO.** (No. **3 BENTON PLACE**)

File No. **10890**  
Registered No. **2962**  
St. .... Ward

2. FULL NAME **STILL BORN TANNER**

(a) Residence, No. **3 BENTON PL.** St. **22** Ward. (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 **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **STILL BORN**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MARCH 16-1937**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**9 Mo 2 wks** - - - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **STILL BORN**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) **ST. LOUIS, MISSOURI**

13. NAME **DANIEL TANNER**

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

15. MAIDEN NAME **KATRINE SUKALO**

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

17. INFORMANT **DANIEL TANNER** (ADDRESS) **3 BENTON PLACE**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS Pit + Pauls Cem** DATE **MARCH 17 1937**

19. UNDERTAKER **E. J. Schurr** (ADDRESS) **3125 1/2 Lafayette St.**

20. FILED **MAR 17 1937** **J. J. Bredek** Registrar.

*No Autopsy*  
MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MARCH 16 1937**

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 **2:15 P.** m.  
The principal cause of death and related causes of importance were as follows:

**Asphyxiation**  
**Pressure of cord**

Other contributory causes of importance:  
**Mrs Lena Frank**  
**midwife**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **No**

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) **Alfred Perry**, M. D.  
(Address) **Deputy Coroner**

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.

