CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 12 1938

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

791
1003

304
Do not use this space.

1. PLACE OF DEATH

(a) County —

(b) Township —

(c) City ST LOUIS

Registration District No.

Primary Registration District No.

Registered No. 160

(d) Street No. ST LUKES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME CURTIS ASA TACKETT

(a) Residence, No. 159 SYLVESTER AVE St. NR Webster Groves, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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~~ ANN TACKET

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-1, 1888

7. AGE: Years 49 | Months 2 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ACCOUNTAT

9. Industry or business in which work was done, as saw mill, bank, etc. AMERICAN STOVE Co.

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

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEWTON Co MISSOURI

FATHER

13. NAME ASA TACKETT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MISSOURI

MOTHER

15. MAIDEN NAME LUCINDA WASSON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEWTON Co. MISSOURI

17. INFORMANT Martha J. Kirkpatrick
(ADDRESS) Prairie Home, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE BELLEFONTAINE DATE JAN-6 1938

19. FUNERAL DIRECTOR Parker Und Co
(ADDRESS) Webster Groves Mo

20. FILED JAN 5 1938 J. E. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 1938

22. I HEREBY CERTIFY That I attended deceased from Sept. 28 1937, to Jan. 4 1938
I last saw h.... alive on Jan. 4 1938. Death is said to have occurred on the date stated above, at 10 42 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Brain Malignant	
530	

Other contributory causes of importance:

Name of operation Craniotomy 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? 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) N. M. Clement, M. D.
(Address) Beaumont Bldg

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Orrin B Lang, Licensed Embalmer No. 1581

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Orrin B Lang

Licensed Embalmer No. 1581

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)