

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.

1938 DEC 12 1938

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

37788
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
 (b) Township Primary Registration District No. Registered No. **10115**
 (c) City **St. Louis** (d) Street No. **St. John's 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

350 Mary Tatten
 (a) Residence, No. **5660a St. Louis Ave.** St. **6**
 (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 Female	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 Thomas F. Tatten		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1883		
7. AGE	YEARS 55	MONTHS 7
	DAYS 20	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home	
	9. Industry or business in which work was done, as 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) Mo. 0		
FATHER	13. NAME Richard Fitzgerald	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills. 1	
MOTHER	15. MAIDEN NAME Mary Duggan	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0	
17. INFORMANT (ADDRESS) Thomas Tatten 5660a St. Louis Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Nov. 24, 1938		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly 3840 Lindell Blvd.		
20. FILED NOV 22 1938 J. Bredek Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 21, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 19, 1938** to **Nov 21, 1938**
 I last saw him alive on **Nov 21, 1938** Death is said to have occurred on the date stated above, at **5 pm.**
 The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis with Acute Myocardial Failure caused by chronic myocarditis
 Date of onset **10 years**
 Duration **2 days**

Other contributory causes of importance: **127**
Chronic Gall bladder 24 years
No stones

Name of operation **Cholecystectomy** Date of **Nov 17**
 What test confirmed diagnosis? **X-ray etc** 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? **No**
 If so, specify _____ (Signed) **Charles N. Culman**, M. D.
 (Address) **5183 Cabanne Ave**

STATEMENT OF THE EMBALMER
TO BE FILED IN THE OFFICE OF THE
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No., working under my personal supervision.

Signed

Alfred J. Boedeker

Licensed Embalmer No.

2663

P. O. Address

4204 Prairie

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

If this body is not embalmed, above space should be left blank.