

DEC'D JAN 11 1939

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

41411

Do not use this space.

## 1. PLACE OF DEATH

- (a) County St Louis Registration District No. 791  
(b) Township St Louis Primary Registration District No. 1008  
(c) City St Louis (d) Street No. City 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 11103

## 2. PRINT FULL NAME

- (a) Residence, No. 1307 Ohio St. 22 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hattie Tarrant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 13, 1888</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>10</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>meat cutter</u>		11. Total time (years) spent in this occupation
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) <u>Nov 1938</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> <u>O</u>		
13. NAME <u>Albert</u> <u>O</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> <u>O</u>		
15. MAIDEN NAME <u>Margaret Hart</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Wife Hattie Tarrant</u> (ADDRESS) <u>Same as deceased 1307 Ohio</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus Cem.</u> DATE <u>December 28, 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Regerheim Bros.</u> <u>2623 Cherokee Street.</u>		
20. FILED <u>DEC 27 1938</u> <u>J. E. Budeck</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 25th, 1938.22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1938, to 12-25, 1938I last saw him alive on 12-25, 1938 Death is said to have occurred on the date stated above, at 7:00 P.M.  
The principal cause of death and related causes of importance were as follows:Tubercular pneumoniaDate of onset  
12-3

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes23. 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? Yes  
If so, specify meat handled included report  
(Signed) C. W. Quirk, M. D.  
(Address) City Hospital

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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.

**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.....

.....**Veard E. Morris.**....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*VE Morris*

Licensed Embalmer No. **3360.**

P. O. Address.....

**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.**