

REC'D MAR 13 1939

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

5082  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008**  
(c) City..... **St. Louis, Missouri** (d) Street No. **30** City Sanitarium Registered No. **1775**  
(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

**521** **Frank Tankovich**  
(a) Residence, No. **213 Lesperance St.** St. **23**  
(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) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10-10-1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**66 4 10**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Laborer**  
10. Date deceased last worked at this occupation (month and year) **July 1925** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Austria**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Austria**

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **W. Gansloser, M.D. 5400 Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Feb. 24, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **J. H. Bekken, L.L.C. 2842 Meramec St.**

20. FILED **FEB 24 1939** **J. F. Brudick** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-20-1939**

22. I HEREBY CERTIFY, That I attended deceased from **7-1-38**, 19... to **2-20-39**, 19...  
I last saw him alive on **2-20-39**, 19... Death is said to have occurred on the date stated above, at **12:30 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Chronic Osteomyelitis - 1925**  
*non tubercular*

Other contributory causes of importance: **154**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **W. Gansloser**, M. D.  
(Address) **5400 Arsenal**

**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.

*No Embalming*

Signed.....

Licensed Embalmer No.....

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.**