

APR 12 1939

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

8661
Do not use this space.

2426

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2
 (b) Township 1 Primary Registration District No. _____
 (c) City St. Louis (d) Street No. 4114 W. Kossuth Ave Registered No. _____
 (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. 5 mos. ds. (f) How long in U.S., if of foreign birth? 56 yrs. mos. ds.

2. PRINT FULL NAME Edward James Tarling

(a) Residence, No. 4114 W. Kossuth Ave St. 10
 (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 Eliza P.F. Tarling
 (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
73 3 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur
 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) Feb. 28, 1939 11. Total time (years) spent in this occupation 40 yrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1939, to Mar 12, 1939
 I last saw him alive on Mar 11, 1939. Death is said to have occurred on the date stated above, at 11:30 AM.
 The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation
acute endocarditis
 Date of onset _____
 Other contributory causes of importance:
Chronic myocarditis
Senility

Name of operation _____ 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? no
 If so, specify _____
 (Signed) Lo B. Kiltner, M. D.
 (Address) 312-1 N Grand Blvd

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4
 13. NAME Thomas T. Tarling 4
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 13
 15. MAIDEN NAME Mary Ann Hzzel 1
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 17. INFORMANT (ADDRESS) Mrs. Eliza T. Tarling
4114 Kossuth Avenue
 18. BURIAL PLACE OR REMAINS PLACE Valhalla Cem DATE Mar 15, '39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kraeger-Voss-Fix
3402 No. Kingshighway
 20. FILED MAR 14 1939 J. B. Zudler
 Local Registrar

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Albert G. Hoppe

Licensed Embalmer No. 2971

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.