2023

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41212

Registration District No. 701 | Primary Registration District No. | Registrar's No. 10335

1. PLACE OF DEATH: 1003
(a) County
(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 4047 Shenandoah Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Albert Tarrant 652
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Margaret Tarrant
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 30th, 1861 (Month) (Day) (Year)

8. AGE: Years 78 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace Effingham (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Retired Lawyer
11. Industry or business
FATHER 12. Name Andrew Tarrant
13. Birthplace (City, town, or county) Ill. (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Ill. (State or foreign country)
16. (a) Informant's own signature Nell Bofinger
(b) Address 1421 Bellevue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Ave.
19. (a) DEC 3 1939 (Date received local registrar) (b) J. F. Bachek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1, year 1939 hour 5:50 minute P. M.
21. I hereby certify that I attended the deceased from November 29, 1939 to December 1, 1939 that I last saw him alive on December 1, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. M. Pike (M. D., or other)
Address 1515 Lafayette, Date signed 12/2/39

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave.

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

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