

STANDARD CERTIFICATE OF DEATH

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I. PLACE OF DEATH:

(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 2 Mos.  
In this community 53 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William S. Tatten

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 22, 1879  
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Commision Man

12. Name Wm. S. Tatten

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine McAuliffe

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas F. Tatten

(b) Address 5751 St. Louis Ave.

17. (a) Burial (b) Date thereof 2-29-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) FEB 28 1940 (b) J. F. Budek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5751 St. Louis Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 53 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26,  
year 1940 hour 5:25 minute A. M.

21. I hereby certify that I attended the deceased from  
Dec 26, 1939 to February 26, 1940;  
that I last saw him alive on Feb 26, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Epiglottis  
Duration 1 yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Henry J. Flood (M. D. or other) \_\_\_\_\_  
Address City Hospital Date signed 2-26-40

**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 \_\_\_\_\_

*William Matro*

Licensed Embalmer No. \_\_\_\_\_

*2825*

P. O. Address \_\_\_\_\_

*7340 Lafayette*

**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.