

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16734

State File No.

Registration District No. **791**

Primary Registration District No.

Registrar's No. **4212**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wuth. ALTENHEIM.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 YRS.
In this community LIFE
years, months or days (Specify whether)

3. (a) PRINT FULL NAME FREDERICK TACKE

3. (b) If veteran, name war - 3. (c) Social Security No. 200

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Maranda 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased January 15 1898
(Month) (Day) (Year)

8. AGE: Years 92 Months 3 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Henry Tacke

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

14. Maiden name Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Henry Tacke

(b) Address 8721 Halls Ferry Road

17. (a) Burial (b) Date thereof Mar 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Vincent's Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louis Ave

19. (a) MAY 11 1940 (b) [Signature]
(Date received from informant) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, Mo
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 8721 HALLS FERRY RD.
(If rural, give location)
(e) If foreign born, how long in U. S. A. Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 9th
year 1940 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1940
May 10, 1940 to Jan 1, 1940, 1940;
that I last saw him alive on May 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Contracted Nephritis

Due to 151

Due to 151

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 J. A. Van Schofer (M.D. or other)

Address 8313 Halls Ferry Rd Date signed

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

MOTHER FATHER

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

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 _____

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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.