

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No.

Registrar's No. 6497

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:
Statler Hotel - 9TH + WASHINGTON
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME Marjorie Hewitt Tarn

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Thomas R. Tarn 6. (c) Age of husband or wife if alive unk years
 7. Birth date of deceased February 2 1891
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 6 6 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Harvey J. Hewitt
 13. Birthplace New York City New York
 (City, town, or county) (State or foreign country)
 14. Maiden name Annie Flesey
 15. Birthplace New York City New York
 (City, town, or county) (State or foreign country)

16. (a) Informant Thomas R. Tarn
 (b) Address 467 Beverly Rd., Mt. Lebanon, Pa.

17. (a) removal (b) Date thereof Aug. 8/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation H. Pittsburg, Pa.

18. (a) Signature of funeral director C. R. Lupton & Sons
 (b) Address 7233 Delmar Bly'd., St. Louis, Mo.

19. (a) 8/8/41 (b) J. H. Dedrick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Pennsylvania (b) County 999
 (c) City or town Mt. Lebanon 36
 (If outside city or town limits, write "RURAL")
 (d) Street No. 467 Beverly Road 978
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
 year 1941 hour 3 minute 05 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
 Due to Coronary Sclerosis

Due to _____
 Other conditions: 94
 (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 Thomas H. Callanan M.D. or other _____
 Address Deputy Coroner Date signed 8/8/41

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

X26390
100
17
9
36

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 *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *St Louis, Mo*

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, fact should be so stated above.