

No. 2  
1-4-41  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 27200  
Registrar's No. 6992

FILED SEP 17 1941

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4215 Maryland Ave.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

3. (a) PRINT FULL NAME George C. Tandy  
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Louise Tandy 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased February 20 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 56 4 6 hr. min.

9. Birthplace St. Louis County, Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Salesman

11. Industry or business unemployed  
12. Name R. C. Tandy  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Marshall D. Gibson  
(b) Address 733 Catalpa

17. (a) burial (b) Date thereof 8-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director A. How R. U. Co.  
(b) Address 2707 N. Grand Blvd.

19. (a) AUG 29 1941 (b) J. T. Mueck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1719  
(d) Street No. 4215 Maryland  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26  
year 1941 hour ? minute ? M.  
21. I hereby certify that I attended the deceased from.....  
19..... to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Renal Disease Duration  
131  
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?

While at work? (Specify type of place) (e) Means of injury:  
23. Signature Alfred Yerr (M. D. or other) 3  
Address Deputy Date signed 8/29/41

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

---

**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.

Signe

*Paul F. Krollenberg*

Licensed Embalmer No.

*2631*

P. O. Address.

*2707 N. Shaw*

**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.**