S. No. 2
1—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 1911

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9290

Registrar's No. 2667

1. PLACE OF DEATH:

(a) County ST LOUIS

(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: HOMER PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 HOURS (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 11 000 17 9

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4242 FINNEY AVE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME EARL TANNER

3. (b) If veteran, name war — — —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race COL

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife — — — — —

6. (c) Age of husband or wife if alive — — — years

7. Birth date of deceased MARCH (Month) 12 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
31	0	10	hr. min.

9. Birthplace ALEXANDER (City, town, or county) LA. 1 (State or foreign country)

10. Usual occupation LABORER

11. Industry or business SCULLIN STEEL CO

FATHER
12. Name ARTHUR TANNER
13. Birthplace ALEXANDER (City, town, or county) LA. 1 (State or foreign country)

MOTHER
14. Maiden name EDNA BOGGS
15. Birthplace ALEXANDER (City, town, or county) LA. 1 (State or foreign country)

16. (a) Informant ARTHUR TANNER
(b) Address 916 N LEONARD AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cmty

18. (a) Signature of funeral director Ellis Fun Home
(b) Address 2820 STODDARD ST

19. (a) MAR 2[illegible] 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23rd year 1942 hour 6 minute A.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 Internal hemorrhage from gunshot wound of left lung with gun in the hands of one Freda Tanner, Duration

Due to Col., at Newstead and McPherson Avenues, at 1:56 P.M. March 22nd, 1

Due to 1942.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

166
173

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) Homicide

(b) Date of occurrence March 22nd, 1942

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature James J. Fitzsimmons (M.D. or other) Coroner

Address 1300 Clark Date signed 3/25/42

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. Boy

....., Registered Apprentice No. My ,

working under my personal supervision.

Signed Lonnie Boylan

Licensed Embalmer No. 2946

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.