V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1[illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15597

Registration District No. 184 Primary Registration District No. 115 Registrar's No. 1026

96
3
5

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

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town University City, Mo.,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6360 Washington, (residence).
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 96
(c) City or town University City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6360 Washington Blv'd., 5
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Wm. Tadlock.

3. (b) If veteran, name war none

3. (c) Social Security No. 489-20-5718

4. Sex Male.

5. Color or race White.

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

6. (b) Name of husband or wife Cora Karns Tadlock.

6. (c) Age of husband or wife if alive 62. years

7. Birth date of deceased Feb'y, (Month) 11, (Day) 1874. (Year)

8. AGE:

Years	Months	Days	If less than one day
68.	2.	28.	hr. min.

9. Birthplace St. Joseph, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Clergyman, Ex Sec'y Board of Pensions, Methodist Church.

11. Industry or business

FATHER
12. Name Burk Tadlock.
13. Birthplace (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Martha McCray.
15. Birthplace (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mrs C. W. Tadlock.
(b) Address 6360 Washington Blv'd.,

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5/11/1942. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C. P. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,

19. (a) MAY 9 - 1942 (Date received local registrar) (b) C G McGarvin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1942 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from
, 19 , to May , 1942
that I last saw him alive on May 8 , 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolis

Due to Myocarditis Chr.

Due to

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Wm B Kount (M. D. or other)
Address 4500 Olive Date signed 5/9

107 (Licensed Embalmer's Statement on Reverse Side)

OCT 9 1942

Dr Wm B. Kountz.
4500 Olive Street.
FO. #3800.
1-3 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.