U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

CR 1654

State File No. 812

FEB 2 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 796

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2336a Benton St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:** 000 12 920

(a) State Missouri. (b) County

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 2336a Benton St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles Tannhauer

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 Widowed.

6. (b) Name of husband or wife Late Emma Tannhauer.

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

7. Birth date of deceased August 6 1856.
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | 5 | 19 | hr. min. |

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painter.

11. Industry or business

FATHER
12. Name August Tannhauer.
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Emil Mueller.
(b) Address 2336a Benton St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JAN 26 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 25
year 1943 hour 7 A.M. minute M.

21. I hereby certify that I attended the deceased from March 1936 to Jan. 25th 1943
that I last saw him alive on Jan. 24th 1943
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Suppurative Nephritis | 10 days |
| Due to Chronic Prostatitis | 5 yrs. |
| Due to Chronic Cystitis Catarrhal | 3 yrs. |

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edwin J. Frankel (M. D. or other) M.D.

Address 3635 No. Newstead Ave. Date signed 1-26-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frolich, Mar 8752,
1-3 P.M.
9-10 A.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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis Ave

**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.**