

53 MAY 14 1943 318

Primary Registration District No. 1002

4195

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

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:
Enroute City Hospital # 13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 3 yrs. 9 mos. 0 das (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Jane, Tankersley

3. (b) If veteran, name war _____ No. N
3. (c) Social Security No. 0

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Child

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

7. Birth date of deceased: 8 / 3 / 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 9 0 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Wm. Tankersley

13. Birthplace Winchester Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Loretta Aglen

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Tankersley

(b) Address 1420a Warren St.

17. (a) Burial (b) Date thereof 5-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sordahl & Sordahl

(b) Address 2228 St. Louis Ave.

19. (a) MAY 5 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1420a Warren St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 3
year 43 hour 2 minute 30 P.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: Internal Hemorrhage from the wound at heart, external hemorrhage from laceration of external Jugular Vein, left side with knife in the hands of one James Lee Franklin. In a underwear opposite Walsh Stadelman 2224 Oakland ave, about 2 Pm 5-3-43

Other conditions (include pregnancy within 3 months of death):
Major findings: 2 Pm 5-3-43
Of operations: _____
Of autopsy: 169

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence 5-3-43
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, industrial place, in public place?
Public Place
While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature Wm. Perry (M.D. or other) _____
Address _____ Date signed 5/5/43

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

Marie A. Cashion

Licensed Embalmer No.

3949

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.