

Registration District No. **1949 318**

Primary Registration District No. **1003**

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

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:  
St. Anthony Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours  
(Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 3525 St. Joachim Lane  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

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13  
NR.

3. (a) PRINT FULL NAME Virgil G. Tanner

3. (b) If veteran, name war No

3. (c) Social Security No. 492-10-4357

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 th. year 1943 hour 12 minute 45 p. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lorraine Tanner

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased September 28 1910  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>8</u>	<u>1</u>	_____ hr. _____ min.

Duration \_\_\_\_\_

Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Instructor-USAA corps

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Guy Tanner

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

14. Maiden name Myrtle Garstein

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Lorraine Tanner

(b) Address 3525 St. Joachim Lane "Overland"

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 6 2 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ 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 \_\_\_\_\_

18. (a) Signature of funeral director Hecker, Helder, and Co.

(b) Address 3634 Gravois Ave.

19. (a) JUN 2 1943 (Date received local registrar)

(b) J. F. Brudeck (Registrar's signature)

23. Signature Alfred W. Perry (M. D. or other)

Address Overland Date signed 6/3/43

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**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..... *Robert E. Wheeler* .....  
Licensed Embalmer No. *2178* .....  
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.**