

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED FEB 28 1944

Registration District No. 318

Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County.....St. Louis, Missouri.

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

(c) Name of hospital or institution:  
St. Lukes Hospital.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....1 1/2 days.  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....Missouri. (b) County.....St. Louis,

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

(d) Street No.....5867 Nina Pl.  
(If rural, give location)

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

If yes, name country.....0

3. (a) PRINT FULL NAME.....Infant Charles M. Tarr, Jr.,

3. (b) If veteran, name war.....None.

3. (c) Social Security No.....None.

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

6. (b) Name of husband or wife.....none. 6. (c) Age of husband or wife if alive.....years

7. Birth date of deceased.....February 12, 1944.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1. hr. min.

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

10. Usual occupation.....None.

11. Industry or business.....

MOTHER FATHER { 12. Name.....Charles M. Tarr.

13. Birthplace.....(Unknown) California,  
(City, town, or county) (State or foreign country)

14. Maiden name.....Dorothy Lehnertz.

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

16. (a) Informant.....Mrs Nicholas C. Lehnertz.

(b) Address.....5867 Nina Place.

17. (a) burial. (b) Date thereof.....2/15/44.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....Oak Grove Cemetery.

18. (a) Signature of funeral director.....C.R. Lupton & Sons.

(b) Address.....#7233 Delmar Bly'd.

19. (a) FEB 15 1944 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....Feb. day.....13<sup>th</sup>  
year.....1944 hour.....4 minute.....45 P. M.

21. I hereby certify that I attended the deceased from.....Feb. 12<sup>th</sup>  
1944....., 19....., to.....Feb. 13<sup>th</sup>....., 1944  
that I last saw him.....alive on Feb. 13<sup>th</sup>  
and that death occurred on the date and hour stated above.

Immediate cause of death.....Congenital Malformation of heart.

Due to.....157

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....Patent foramen ovale.

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?..... (c) Means of injury.....

23. Signature.....Myron W. Davis (M. D. 1944)  
Address.....3920 Washington Ave. Date signed.....2/14/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3720 Washington Ave  
St. Louis, Mo  
2 to 5 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.**