S. No. 2
M—2-43
5-17-39
I X35697

96
2
3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8405

State File No. 1

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 372

96
2
3

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution D.O.A. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Maplewood
(If outside city or town limits, write "RURAL") 3

(d) Street No. 7713 Folk Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Christian Alvin L. Tatenhorst

3. (b) If veteran, name war None

3. (c) Social Security No. 702-16-3857

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marie A.

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Oct. 17. 1898 (Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 24 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Missouri Pacific Rail Road.

FATHER
12. Name Lutwig Tatenhorst
13. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

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

16. (a) Informant Amanda Tatenhorst
(b) Address 7713 Folk Ave Maplewood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12. 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem. Kirkwood

18. (a) Signature of funeral director Jay B. Smith.
(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) FEB 14 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11. year 1944 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 18 1944, 19..., to Feb. 7, 1944 that I last saw him alive on Feb 7, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Probable cerebro-vascular accident	Sudden
Due to: Central Nervous System Lues	Since 1936
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 30	
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 0

23. Signature Leland G. Hoste (M. D. or other) MD
Address 3123 S. Kings Highway Blvd. Date signed 2/11/44

(Licensed Embalmer's Statement on Reverse Side)

MAR 10 1944

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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 1456 Manchester

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.