

FILED APR 20 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3452**

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:  
**City Hospital No. 1.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **1772**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4705 a McMillan Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Robert E. Tatham**  
3. (b) If veteran, name war **NONE**  
3. (c) Social Security No. **494-07-2587**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Nettie Tatham**  
6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **October 5, 1879**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **6** Days **7**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Wakenda Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Weisenborn Coal Co.**

12. Name **Thomas Tatham**

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

14. Maiden name **Minerva Adkins**

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

16. (a) Informant **Mrs. Nettie Tatham**

(b) Address **4705 a McMillan Avenue**

17. (a) **Burial** (b) Date thereof **April 15, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Shepard Funeral Home**

(b) Address **1167 Hamilton Avenue.**

19. (a) **APR 14 1944** (b) **J. Fredsch**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13, 1944**  
year **1944** hour **12:30** minute \_\_\_\_\_ 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 **Bronch pneumonia, white capitated as a result of being over come by stroke of a fire.**  
Due to **the placement of his home March 31 1944 about 11:30 AM**

Due to **Stomach Ailings \$6.50 00**  
Other cause **Stomach to death 1.50 00**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **181**

Of autopsy **12**

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) **Accident**

(b) Date of occurrence **Mar 31 1944**

Where did injury occur? **St. Louis** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? **No** (Specify type of place) (e) Means of injury **fire**

23. Signature **Dr. Alfred Perry** (M. D. or other)

Address **Deputy Coroner** Date signed **4-14-44**

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

2079

X35597

**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 Ginoski*  
Licensed Embalmer No. *3398*

P. O. Address.....

**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.**