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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15855

FILED MAY 8 1944

Registration District No. ____ Primary Registration District No. 2002 Registrar's No. 1019

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Residence; 6617 Washington Blvd.
(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 St. Louis

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

(d) Street No. 6617 Washington Blvd.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME CHARLES W. TANN.

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 Married

6. (b) Name of husband or wife Katherine Heck Tann.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug. (Month) 28th (Day) 1879 (Year)

8. AGE: Years 64 Months 8 Days 1 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired;

11. Industry or business Builder (self employed)

FATHER
12. Name Charles W. Tann.
13. Birthplace St. Louis (City, town, or county) Michigan (State or foreign country)

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

16. (a) Informant Mrs. Katherine Tann.
(b) Address 6617 Washington Blvd.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/1/44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) MAY 2 - 1944 (Date received local registrar) (b) E. G. McGovran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1944 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from March 26, 1941 to April 29, 1944 that I last saw him alive on April 28, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	24 hours
Due to: Cerebral apoplexy	
Due to: first apoplectic attack 12 pm 090	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy —	

8301

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 —

23. Signature J. R. Finnegan (M. D. or other) MD
Address 539 N Grand Date signed April 29/44

(Licensed Embalmer's Statement on Reverse Side)

5391 N. Grand
FR-6585
1-3 P.M.

MAY 19 19

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.

JUN 8 1945

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.