

**FILED NOV 23 1945**  
Registration District No. **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 Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Providence Park Hospital  
(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 MO (b) County \_\_\_\_\_

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

(d) Street No. 5742 Page  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alexander Stirling Tarleton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10  
year 1945 hour 4 P.M. M.

21. I hereby certify that I attended the deceased from 4-3-45 1945 to 10-2 1945  
that I last saw him alive on 10-2-45 1945  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Louisa B. Tarleton

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 17 1879  
(Month) (Day) (Year)

Immediate cause of death  
Cerebral Hemorrhage  
Osteoarthritis  
Due to Hypertension

Duration \_\_\_\_\_

8. AGE: Years 66 Months 7 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jefferson City MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Elevator conductor

11. Industry or business Finco Bldg St Louis

12. Name Richard S. Tarleton

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

14. Maiden name Louise Stirling

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

16. (a) Informant Louisa B. Tarleton

(b) Address 5742 Page Avenue

17. (a) burial (b) Date thereof 11/13/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director M J Cochran

(b) Address 7146 Manchester

19. (a) NOV 1 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

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

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

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

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature R. H. Hayler (M. D. or other) MD

Address 5899 Delmar Date signed 11/12/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

9846  
9846

**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 Legonasky*  
Licensed Embalmer No. *2398*

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.**