

No. 2
 OM-5-43
 rev. 5-17-39
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED FEB 5 1947
 Registration District No. 3058

Primary Registration District No. 3058

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

1. PLACE OF DEATH:
 (a) County St. Charles
 (b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph 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)

3. (a) PRINT FULL NAME Infant Tainter
 3. (b) If veteran, name war NIL
 3. (c) Social Security No. NIL

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive.....years
 7. Birth date of deceased January 28 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 15 min.

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

10. Usual occupation None

11. Industry or business.....
 12. Name Nathaniel A. Tainter
 13. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Lillian Meyer
 15. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George W. Tainter Jr.
 (b) Address St. Charles, Missouri
 17. (a) burial (b) Date thereof Jan 29-1947
(Burial, cremation or removal) (Month) (Day)
 (c) Place: burial or cremation St. Charles Borromeo Cem St. Charles, Mo.

18. (a) Signature of funeral director H.C. Dallmeyer + Sons Co
 (b) Address 800 N. 2nd-St. Charles, Mo.
 19. (a) 1-31-47 (b) Francis H. Hueston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
(If outside city or town limits, write "RURAL")
 (d) Street No. 714 North Fifth
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 28
 year 1947 hour 11:15 minute A. M.
 21. I hereby certify that I attended the deceased from
Jan 28-10:10 AM, 1947 to Jan 28-11:15 AM, 1947
 that I last saw h. ex alive on Jan 28, 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death
Prematurity and congenital anomaly
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations 159
 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?
 While at work?.....
(Specify type of place) (e) Means of injury
 Signature George E. Kater (M. D. or other) MD
 Address St. Charles, Mo. Date signed 1-28-47

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RECEIVED
District Health Officer No. 9,
District File Number 2-4-47
Date Filed

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.....
Licensed Embalmer No.....
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.