

FILED JUL 28 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

24775

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6356

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:
5155 Waterman Ave., /
 (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 HATTIE MAY SHELLY TARRANT.

(b) If veteran, name war no (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed

(b) Name of husband or wife Oliver Tarrant. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased August 4 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 11 hr. min.

9. Birthplace Philadelphia, Pa. /
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

12. Name Phillip G. Shelly.13. Birthplace Quakertown, Pa. /
 (City, town, or county) (State or foreign country)14. Maiden name Margaret Weaver.15. Birthplace Center Valle, Pa. /
 (City, town, or county) (State or foreign country)16. (a) Informant Thomas O. Tarrant.(b) Address 5155 Waterman Ave.,17. (a) Entombment (b) Date thereof 7/19/48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Mausoleum.18. (a) Signature of funeral director C.R. Lupton & Sons.(b) Address 7233 Delmar Blvd.19. (a) JUL 19 1948 (b) J. F. Braddock
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5155 Waterman Ave.,
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
 year 1948 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from 4/7/47
 to 7/12, 1948, to 7/12, 1948
 that I last saw her alive on....., 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Duration momentary
 Due to arteriosclerotic heart disease ser. yr

Due to.....
 Other conditions (Include pregnancy within 3 months of death).....
 Major findings: Of operations.....
 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.....

23. Signature Milton A. Gutz (M. D. or other).....
 Address 462 N. Taylor Date signed 7/16/48

6356

1 P.M.
NE 36114

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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

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