No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 35223
Registrar's No. 2511

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 129 days (Specify whether
In this community: 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Madison 999
(c) City or town: Alton 11
(If outside city or town limits, write "RURAL")
(d) Street No.: LaSalle Hotel 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: TARTER, Cecil N.
3. (b) If veteran, name war: World II
3. (c) Social Security No.: 336 18 2566
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife: -
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: November (Month) 3 (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
35	11	25	hr. min.

9. Birthplace: Bentley (City, town, or county) Louisiana (State or foreign country) 1
10. Usual occupation: Bartender
11. Industry or business:
FATHER
12. Name: James Melton Tarter
13. Birthplace: Louisiana (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name: Mineola Roach
15. Birthplace: Louisiana (City, town, or county) (State or foreign country) 1
16. (a) Informant: Registrar, VA Hospital
(b) Address: Jefferson Barracks, Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Alexandria, La
18. (a) Signature of funeral director: C. Hoffmeister U.&L. Co.
(b) Address: 7814 So. Bdwy., St. Louis, Mo.
19. (a) 10-29-48 (Date received local registrar) (b) Carl G. Shoppe (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 28
year: 1948 hour: 7:40 minute: a.m.

21. I hereby certify that I attended the deceased from June 21, 1948 to October 28, 1948
that I last saw him alive on October 28, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of liver	Unk
~~xxxx~~ Contributory cause: Splenic vein thrombosis superior mesenteric ~~xxxx~~ vein thrombosis. 1246	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: Autopsy performed
(See cause of death)

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None
(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? Means of injury: 0

23. Signature: L. E. Stilwell (M. D. or Coroner)
Chief, Professional Services
Address: VAH, Jeff. Bks., Mo. Date signed: 10/28/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Scheumacher

Licensed Embalmer No. 2679

P. O. Address 7814 J. Broadway

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.