

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17744

State File No. _____
Registrar's No. **4265**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 4265			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 000							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge				d. STREET ADDRESS (If rural, give location) 3958 Itaska							
3. NAME OF DECEASED (Type or Print) a. (First) Myrtle			b. (Middle) G.			c. (Last) Tanner			4. DATE OF DEATH (Month) (Day) (Year) May 11 49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sep 3 1885		9. AGE (In years) (last month) (last day) 63 7 28		IF UNDER 1 YEAR Hours Min. 7 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Grant Gorseline				13b. MOTHER'S MAIDEN NAME Lucile Hulland				14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Evelyn Fox 3958 Itaska				ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 1 1/2 yrs.	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 6/1						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 266 X					
22. I hereby certify that I attended the deceased from 3-21-49 , 19____, to 5-11-49 , 19____, that I last saw the deceased alive on 5-11-49 , 19____, and that death occurred at 4:30 P.m. , from the causes and on the date stated above.											
23a. SIGNATURE J. B. Inkley, M.D. (Degree or title) M.D.						23b. ADDRESS 1326 S. Grand, St. Louis 4, Mo.			23c. DATE SIGNED 5-12-49 (State) Mo.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 5-14-49		24c. NAME OF CEMETERY OR CREMATORY Missouri Crem.			24d. LOCATION (City, town, or county) (State) St. Louis Mo.				
DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE MAY 1 1949 J. B. Inkley				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wingbermuehle 3819 S. Grand							

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Van M. Sisemore

Licensed Embalmer No. 4343

P. O. Address St. Louis Mo.

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.