

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17922**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3066** Registrar's No. **1063**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis County,</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri.</b> b. COUNTY <b>St. Louis,</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood, Missouri.</b>		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Res: 696 W. Washington.</b>		d. STREET ADDRESS (If rural, give location) <b>#696 W. Washington.</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>IDA</b> b. (Middle) <b>TAMMANY.</b> c. (Last) <b>TAMMANY.</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 25, 1949.</b>
<b>5. SEX</b> <b>Female.</b>	<b>6. COLOR OR RACE</b> <b>White.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>widowed.</b>	<b>8. DATE OF BIRTH</b> <b>October 3, 1875.</b>
<b>9. AGE</b> (In years last birthday) <b>73</b>		if UNDER 1 YEAR Months _____ Days _____	if UNDER 2 Hrs. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>owner</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Tammany Nursing Home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis, Missouri</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>			
<b>13a. FATHER'S NAME</b> <b>August Hohlstein</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Helmes</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Peter Tammany</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Laura E. Schiereck, Kirkwood, Mo.</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>unknown</b>	
DUE TO (c) <b>unknown</b>		<b>930 4201</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Cardiovascular disease</b>		<b>4 yrs.</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	
<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <b>10 Mar., 1947,</b> <b>to</b> <b>25 Apr., 1949,</b> <b>that I last saw the deceased alive on</b> <b>2 Apr., 1949,</b> <b>and that death occurred at</b> <b>6:40 a.m.,</b> <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>J. H. Barnett, M.D.</b>		<b>23b. ADDRESS</b> <b>243 W. Jefferson, Kirkwood</b>	
<b>23c. DATE SIGNED</b> <b>4-25-49</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>		<b>24b. DATE</b> <b>4-27-49</b>	
<b>24c. NAME OF CEMETERY OR CREMATOR</b> <b>Lake Charles Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>4-27-49</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>C. R. Lupton &amp; Sons, 7233 Delmar Blvd.,</b>	

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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

*Clarence H. Murray*

Licensed Embalmer No. *4211*

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.