No. 300
10-48

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REG #90 690

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7123

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 439

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFFERSON BRKS, MISSOURI
c. LENGTH OF STAY (in this place) 56 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VET. ADM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) EOLIA
d. STREET ADDRESS (If rural, give location) ROUTE #1

3. NAME OF DECEASED (Type or Print) a. (First) CURTIS b. (Middle) W c. (Last) TANNEHILL

4. DATE OF DEATH (Month) (Day) (Year) 2 - 13 - 51

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH 5-22-18
9. AGE (In years last birthday) 32 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) ELSBERRY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME EDWARD TANNEHILL
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LIPID-HISTIOCYTOSIS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 2890
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXX
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXXXXXX

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXXX m.
21e. INJURY OCCURRED WHILE AT WORK NO NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? XXXX

22. *I hereby certify that I attended the deceased from* 12-20, 1950, *to* 2-13-, 1951, ~~[illegible]~~ *and that death occurred at* 11:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS VA HOSPITAL, JEFF. BRKS., MO.
23c. DATE SIGNED 2-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 2-15-51
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Ellaberry, Missouri

DATE REC'D BY LOCAL REG. 2/15/51
REGISTRAR'S SIGNATURE Herbert R. Lomke MD
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 ADDRESS ashington

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4283

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.