

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **22504**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **187**

1. PLACE OF DEATH a. COUNTY <b>Cole 630 Broadway</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Jefferson City, 67 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City, 0264</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>630 Broadway</b>		d. STREET ADDRESS (If rural, give location) <b>630 Broadway</b>	

3. NAME OF DECEASED (Type or Print) <b>Carolina Fredericka Tanner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 17 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan. 10 1860</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home maker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>John Schuberth</b>	13b. MOTHER'S MAIDEN NAME <b>Magdalena Stuebinger</b>	14. NAME OF HUSBAND OR WIFE <b>Herman F. Tanner (deceased)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No none</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Eda Tanner, 630 Broadway</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Hypertensive cardio-vascular disease</b>		
	DUE TO (c) <b>Generalized arteriosclerosis</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443X</b>		19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from **July 6, 1951, to July 17, 1951**, that I last saw the deceased alive on **July 16, 1951**, and that death occurred at **4:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert H. Tanner, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Jefferson City, Mo.</b>	23c. DATE SIGNED <b>7-18-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 19 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 23-1951</b>	REGISTRAR'S SIGNATURE <b>R. P. Norris</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>TANNER FUNERAL HOME</b>	ADDRESS <b>700 Jefferson St.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0264

RECEIVED 7-27-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-27-51 \_\_\_\_\_

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 \_\_\_\_\_

Licensed Embalmer No. 3641

P. O. Address \_\_\_\_\_

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.