

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11590

FILED MAR 19 1952

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6276	Registrar's No. 346
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oakville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oakville 4080		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. #9, Box 286, Telegraph Rd.		d. STREET ADDRESS (If rural, give location) Rt. #9, Box 286, Telegraph Rd. 0		
3. NAME OF DECEASED (Type or Print) a. (First) LOUISE		b. (Middle) ****		c. (Last) TANZBERGER
4. DATE OF DEATH Feb. 8, 1952		5. SEX Female 6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 22, 1872		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Oakville, Missouri 0
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Michael Dennis		
13b. MOTHER'S MAIDEN NAME Elizabeth Schupp		14. NAME OF HUSBAND OR WIFE Fred C. Tanzberger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Elmer C. Tanzberger ADDRESS Rt. 9, Box 286 Lemay, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 4 Mo. + 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.		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION U20.0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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 November 20, 1951 , to Feb. 8, 1952 , that I last saw the deceased alive on Feb. 6, 1952 , and that death occurred at 6:05A. m. , from the causes and on the date stated above.				
23a. SIGNATURE Bernard T. Koon (Degree or title) M.D.		23b. ADDRESS 4755 Kingsford Road, St. Louis, Mo.		23c. DATE SIGNED 7/8/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 11, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Paul Church Cemetery
24d. LOCATION (City, town, or county) (State) Oakville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & St. Co. ADDRESS 7814 So. Broadway, St. Louis, Mo. 11		
DATE REC'D BY LOCAL REG. 2-9-52		REGISTRAR'S SIGNATURE Hubert R. Danha M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & St. Co. ADDRESS 7814 So. Broadway, St. Louis, Mo. 11

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Harry J. Schumacher*

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.