

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36922

State File No.

9188

FILED OCT 21 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY ST. LOUIS, MO.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO	c. LENGTH OF STAY (In this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) GLEN CARBON 2120	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Louis Children's		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH	b. (Middle) GEORGE	c. (Last) TENNADO	4. DATE OF DEATH (Month) (Day) (Year) 10 - 3 - 52
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5. SEX MALE	6. COLOR OR RACE/ WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 9-26-52	9. AGE (In years last birthday) 6	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	11. BIRTHPLACE (State or foreign country) GRANITE CITY, ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ABUNDIRIO TENNADO	13b. MOTHER'S MAIDEN NAME PARIS MARIE PEKAR	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME J. EGAN	ADDRESS 500 So. Kings Highway
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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		INTERVAL BETWEEN ONSET AND DEATH
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1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Kerionctonus	INTERVAL BETWEEN ONSET AND DEATH 6 days
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ANTECEDENT CAUSES	DUE TO (b) Erythroblastosis fetalis	INTERVAL BETWEEN ONSET AND DEATH 6 days
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Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)	
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11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7701
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22. I hereby certify that I attended the deceased from **9-30**, 19**52**, to **10-3**, 19**52**, that I last saw the deceased alive on **10-3**, 19**52**, and that death occurred at **Lila** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John C. Herweg M.D.	23b. ADDRESS St. Louis Childrens Hosp.	23c. DATE SIGNED 10-3-52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE OCT 5 1952	24c. NAME OF CEMETERY OR CREMATORY GLEN CARBON	24d. LOCATION (City, town, or county) (State) GLEN CARBON, ILL.
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DATE REC'D BY LOCAL REG. OCT 4 1952	REGISTRAR'S SIGNATURE Charles Smith	25. FUNERAL DIRECTOR'S SIGNATURE Francis J. Lakey	ADDRESS Madison St.
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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 _____

Student Embalmer No. 5172

working under my personal supervision.

Student
Student Embalmer

Signed

Francis J. Lakey

Licensed Embalmer No. 2792

P. O. Address Malvern Ill

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.