

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40775

State File No. _____
Registrar's No. **10848**

FILED DEC 12 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place) 15 days		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 4928 McPherson Ave.	
3. NAME OF DECEASED a. (First) GUY		b. (Middle) FLOYD	
c. (Last) TANNER		4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 8, 1869
9. AGE (In years last birthday) 83		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; E. St. Louis Sub. R.R. Co		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Stewart Co., Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Burd Tanner		13b. MOTHER'S MAIDEN NAME Elizabeth Hester	
14. NAME OF HUSBAND OR WIFE Blanche L. Tanner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Blanche L. Tanner	
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) Carcinoma prostate ANTECEDENT CAUSES DUE TO (b) Myocardial death DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Coronary infarctions, five Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 5-7-52		19b. MAJOR FINDINGS OF OPERATION Trans urethral - Pathological diagnosis	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years 11-25-52 Years 1938	
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? 177X	
22. I hereby certify that I attended the deceased from 1943 to 11-25-52 , that I last saw the deceased alive on 11-25-52 , and that death occurred at 1226 N. _____ , from the causes and on the date stated above.			
23a. SIGNATURE Andrew Clark		23b. ADDRESS 869 Hamilton Blvd St. Louis 12 Mo.	
23c. DATE SIGNED 11-25-52		24. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-28-1952	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24e. DATE REC'D BY LOCAL REG. NOV 25 1952		24f. REGISTRAR'S SIGNATURE J. Paul Smith	
24g. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons		24h. ADDRESS 7233 Delmar Blvd.,	

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arnold W. Shoen

Licensed Embalmer No. 3864

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.