

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12395

State File No.

FILED MAR 18 1953

2260

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>lwk</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>7053 Melrose</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Norman</u>		b. (Middle) <u>H.</u>	
c. (Last) <u>Tamme</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 24, 1899</u>	9. AGE (In years last birthday) <u>53 yrs</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mexico, Mo.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Fred A. Tamme</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Hulsey</u>	
14. NAME OF HUSBAND OR WIFE <u>Florence H. Tamme</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>98-109230</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fred W. Tamme</u>		ADDRESS <u>7053 Melrose</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) <u>Carcinomatosis</u>		DUE TO (c) <u>Carcinoma rectum</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma rectum & liver metastasis</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>154X</u>		22. I hereby certify that I attended the deceased from <u>Apr 1952</u> to <u>Feb 27, 1953</u> that I last saw the deceased alive on <u>Feb 22, 1953</u> , and that death occurred at <u>10:41 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. L. Sinner, MD</u> (Degree or title)		23b. ADDRESS <u>16 Hampton Village, St. Louis 9, Mo.</u>		23c. DATE SIGNED <u>2/27/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>	
24d. LOCATION (City, town, or county) <u>St. Louis Co., Mo</u>		24e. (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith & Sons</u>	
DATE REC'D BY LOCAL REG. <u>FEB 27 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		ADDRESS <u>6175 Delmar</u>	

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

Dr. Simmel
Hampton Village
Clerical Prot Hosp
letter 5 B. 27.

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

jos. E. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6170 Palma

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.