

STANDARD CERTIFICATE OF DEATH

0.48

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

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 1529	
1. PLACE OF DEATH a. COUNTY St. Louis,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Minnesota b. COUNTY Hennepin			
b. CITY (If outside corporate limits, write RURAL and give town) Manchester, Mo.		c. LENGTH OF STAY (in this place) 5 Yrs.		c. CITY OR TOWN Minneapolis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home				e. STREET ADDRESS (If rural, give location) UNK.			
3. NAME OF DECEASED (Type or Print) a. (First) Josephine		b. (Middle) A.		c. (Last) Tanberg		4. DATE OF DEATH (Month) (Day) (Year) June 28, 1954.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 21, 1868	9. AGE (In years last birthday) 86	If UNDER 1 YEAR: Months _____ Days _____	If UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.		11. BIRTHPLACE (City and State or Foreign Country) Lone Rock, Wisc.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nathan Hopkins		13b. MOTHER'S MAIDEN NAME Frances E. Brown		14. NAME OF HUSBAND OR WIFE Martin E. Tanberg			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oakley-Bjorklund, Minneapolis, Minn.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS						
	ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROSIS						
	DUE TO (c) SENILITY						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEAT PROSTRATION						
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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 JUNE 1, 1954 , to JUNE 28, 1954 , that I last saw the deceased alive on JUNE 28, 1954 , and that death occurred at 6:00 m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. R. Loving MD.				23b. ADDRESS BALLWIN, MO.		23c. DATE SIGNED 6-29-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-29-54	24c. NAME OF CEMETERY OR CREMATORY Lakewood Cemetery		24d. LOCATION (City, town, or county) (State) Minneapolis, Minn		
DATE REC'D BY LOCAL REG. 6-29-54		REGISTRAR'S SIGNATURE Hubert R. Donker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Honpa 4700 Washington.			

Rail:

OCT 29 1956

✓ 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.....
Signature of Student Embalmer

Signed..... Paul A. Wacht

Licensed Embalmer No. 478

P. O. Address. St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.