

FILED MAR 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6715

BIRTH NO.		REG. DIST. NO. 517		PRIMARY REG. DIST. NO. 541		Registrar's No. 510	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (In this place) 30 yrs.		d. STREET ADDRESS 6360 San Bonita	
a. STATE Missouri		b. COUNTY St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Clayton 14620		d. STREET ADDRESS (If rural, give location) 6360 San Bonita	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Theresa	b. (Middle) Arata		c. (Last) Tancill		Month Feb.	Day 27,	Year 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 8, 1866		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 19
IF UNDER 1 YEAR Hours -	IF UNDER 1 YEAR 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 (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John J. Arata		13b. MOTHER'S MAIDEN NAME Rose Cicardi		14. NAME OF HUSBAND OR WIFE James R. Tancill	
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 James D. Tancill #7 Algonquin Est. Rd.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 yrs + 10 yrs +	
19a. DATE OF OPERATION Jan 26/55		19b. MAJOR FINDINGS OF OPERATION Incarcerated femoral hernia - 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Jan. 20, 1955, to Feb. 27, 1955, that I last saw the deceased alive on Jan 26, 1955, and that death occurred at 4:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Mrs. J. Langford M.D.O.				23b. ADDRESS 5803 Plymouth		23c. DATE SIGNED 2-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 1, 1955		24c. NAME OF CEMETERY OR CREMATORY Clayton Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 2/28/55		REGISTRAR'S SIGNATURE Hecker R. Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Rd.			

(Licensed Embalmer) (Signature on Reverse Side)

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

No. 300
10-48

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 Fred J. Tanner

Licensed Embalmer No. 4788

P. O. Address Highway 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.