

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42681

10703

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

1. PLACE OF DEATH
a. COUNTY *St. Louis*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE *Mo.* b. COUNTY _____

b. CITY (If outside suburban limits, write RURAL and give township) OR TOWN *St. Louis*

c. LENGTH OF STAY (In this place) *29 hrs*

c. CITY OR TOWN *St. Louis*

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION *Mo. Pac. Hosp*

STREET ADDRESS *3106 North Taylor*
10 3106 N. Taylor Ave. 216

3. NAME OF DECEASED (First) (Middle) (Last)
George Anderson Tankins

4. DATE OF DEATH (Month) (Day) (Year)
12 2 55

5. SEX *M*

6. COLOR OR RACE *C*

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *married*

8. DATE OF BIRTH *2. 24. 99*

9. AGE (In years last birthday) *56*

IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) *mail route*

10b. KIND OF BUSINESS OR INDUSTRY *U.S. Govt. P. O.*

11. BIRTHPLACE (City and State or Foreign Country) *St. Louis, Missouri*

12. CITIZEN OF WHAT COUNTRY? *U.S.*

13a. FATHER'S NAME *Archibald Tankins*

13b. MOTHER'S MAIDEN NAME *Mary Green*

14. NAME OF HUSBAND OR WIFE *Pearl Tankins*

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 ADDRESS *Pearl Tankins, 3106 N. Taylor*

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 *Hypertensive Ht. Dis*
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES *By Basal Ganglia Hemorrhage*
Arterio- Nephrosclerosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. *due to*
II. OTHER SIGNIFICANT CONDITIONS *Pneumonia, Terminal*
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION *443x 442x*

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12. 1*, 1955, to *12. 2*, 1955, that I last saw the deceased alive on *12. 2. 55*, 19____, and that death occurred at *9:15 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE *Charles Kramer* (Degree or title) *MD*

23b. ADDRESS *1755 S. Grand*

23c. DATE SIGNED *12/6/55*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Removal*

24b. DATE *12/8/1955*

24c. NAME OF CEMETERY OR CREMATORY *Greenwood Cemetery*

24d. LOCATION (City, town, or county) (State) *St. Louis County, Missouri*

DATE REC'D BY LOCAL REG. *DEC 6 1955*

REGISTRAR'S SIGNATURE *J. Carl Smith Mo*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Charles J. Gates, 4107 Finney Ave.*

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
Signature of Student Embalmer

Signed *Arthur L. Helliard*

Licensed Embalmer No. 4221

P. O. Address 4107 Finney

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.