

Health, Weffera, Public Service  
 300  
 156  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 18 1957

THE DIVISION OF REALITY OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2046

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 234

|  |  |  |  |   |                        |   |  |
|--|--|--|--|---|------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                |                        |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Berkeley</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <b>Berkeley 4041</b>  |                        | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6105 Jefferson</b>  |  | Length of stay in lb <b>5 yrs</b>  |  | d. STREET ADDRESS (If outside, give location) <b>6105 Jefferson</b>   |                        | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>THOMAS</b> Middle <b>FOSTER</b> Last <b>TARKINGTON</b>   |  |  |  | 4. DATE OF DEATH<br>Month <b>Jan.</b> Day <b>24,</b> Year <b>1957</b>   |                        |   |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |                        | 8. DATE OF BIRTH<br><b>Aug. 23, 1877</b>  |  |
| 9. AGE (In years last birthday) <b>79</b>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____                    |  | IF UNDER 24 HRS.<br>Months _____ Days _____ Hours _____ Min. _____  |                        |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Const. Sup.</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>                                |  | 11. BIRTHPLACE (City and state or country) <b>Nashville, Tenn.</b>  |                        | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |
| 13. FATHER'S NAME <b>Jack Tarkington</b>   |  |  |  | 14. MOTHER'S MAIDEN NAME <b>Unknown</b>   |                        |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>498-10-0754</b>   |  | 17. INFORMANT Address <b>Thos. Tarkington, Jr., Berkeley, Mo.</b>   |                        |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>A.S. Heart Disease</b><br>DUE TO (c) <b>General Arteriosclerosis</b> |  |  |  |   |                        | INTERVAL BETWEEN ONSET AND DEATH<br><b>24 yrs.</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |  |  |  |   |                        | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><b>—</b> |   |                        |   |  |
| 20c. TIME OF INJURY<br>Hour _____ a. m. _____ p. m.<br>Month, Day, Year _____  |  |  | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>—</b>    |   |                        |   |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |  | 20f. CITY, TOWN, OR LOCATION   |   | CITY _____ STATE _____ |   |  |
| 21. I attended the deceased from <b>12/10/56</b> to <b>12/24/57</b> and last saw her/him alive on <b>12/24/57</b> .<br>Death occurred at <b>4:30</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.  |  |  |  |   |                        |   |  |
| 22a. SIGNATURE <b>Adrian Goldenberg MD</b> (Degree or title)   |  |  |  | 22b. ADDRESS <b>462 No. Taylor, St. Louis</b>   |                        | 22c. DATE SIGNED <b>1/25/57</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 23b. DATE <b>1-26-57</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>   |                        | 23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>                      |  |
| 24. FUNERAL DIRECTOR ADDRESS <b>WHITE CHAPEL, FERGUSON, MISSOURI</b>   |  |  |  | 25. DATE RECD. BY LOCAL REG. <b>1-26-57</b>   |                        | 26. REGISTRAR'S SIGNATURE <b>Herbert A. Donahue MD</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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 *Eleana Province*

Licensed Embalmer No. *34*

P. O. Address *Jessing*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(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.