

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031049

STATE FILE NUMBER

FILED AUG 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2966

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chicago 81208 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 40 Hops Little Rock Hosp. Inc.		Length of stay in lb 16 days	d. STREET ADDRESS 601 Deming Pl (If outside, give location) Apt 204 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Charles Orion Tuffree			4. DATE OF DEATH Month Day Year August 15 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 17, 1872
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Penr. Accounting Clerk	11. BIRTHPLACE (City and state or country) Rhodes, Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Edmund Tuffree	
14. MOTHER'S MAIDEN NAME Rachael Palmer		15. NAME OF HUSBAND OR WIFE Edna Tuffree	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, or, on, or between) If yes give year or dates of service No.		17. SOCIAL SECURITY NO. 709-10-8092	18. INFORMANT Address Edna Tuffree, 601 Deming Pl. Chicago, Ill.
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Anoxia DUE TO (b) Broncho pneumonia + Pulmonary Thrombosis DUE TO (c) Fracture of Rt. Hip PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) E904.0-22			INTERVAL BETWEEN ONSET AND DEATH 3 days 3 wks.
20a. ACCIDENT <input checked="" 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.) E904.0-22	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 32 home	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 32 home		20f. CITY, TOWN, OR LOCATION Chicago Cook Ill.	
21. I attended the deceased from July 31 to Aug 15 and last saw her/him alive on Aug 14 Death occurred at 7:46 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William D Cannon MD		22b. ADDRESS 1755 S. Grand Ave.	
22c. DATE SIGNED 8/16/58		23. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 8-16-58	
23c. LOCATION (City, town, or county) St. Louis County, Mo.		23d. (State)	
24. FUNERAL DIRECTOR Hoppe Undertaker		25. DATE RECD. BY LOCAL REG. AUG 16 58	
26. REGISTRAR'S SIGNATURE J. Earl Smith - MD		27. (State)	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Melvin L. Kempner

Licensed Embalmer No. *4052*.....

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