

FILED VS JUL 21 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027272
STATE FILE NUMBER
Registrar No. 5880

Registration District No. _____ Primary Registration District No. _____ Registrar No. 5880

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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
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 Creve Coeur 4000.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Length of stay in lb 3 days	d. STREET ADDRESS (If outside, give location) 7 Beacon Hill		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First H. Middle TROY Last TANKERSLEY			4. DATE OF DEATH Month June Day 22 Year 1959		
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 Jan. 11, 1890		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leather Broker		10b. KIND OF BUSINESS OR INDUSTRY Leather goods	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Nelson Tankersley		13b. MOTHER'S MAIDEN NAME Joan Troy		14. NAME OF HUSBAND OR WIFE Harriet Tankersley	
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. 490-38-4481	17. INFORMANT Address Creve Coeur, Mo Mrs. Harriet Tankersley, 7 Beacon Hill.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral vascular accident hypertensive cardiovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) hypertensive cardiovascular disease DUE TO (c) generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 443X					INTERVAL BETWEEN ONSET AND DEATH Immediate
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.)		
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 type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 6-3-59	20f. CITY, TOWN, OR LOCATION 6-22-59		COUNTY STATE
21. I attended the deceased from June 3, 1959 to June 22, 1959 and last saw her alive on June 21, 1959 Death occurred at 7:30 A.M. 7/30 on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Donald F. Bandle (Degree or title) M.D.			22b. ADDRESS 16 Hampton Village 16 Hampton Village, Creve Coeur, Mo. DATE SIGNED 6-22-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 6/22/59	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Louis H. Popp, Inc. Kirkswood, Mo.			25. DATE RECD. BY LOCAL REG. JUN 22 '59		26. REGISTRAR'S SIGNATURE Loard Smith, M.D.

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

Not Embalmed

Signed

Licensed Embalmer No.

P. O. Address

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.