URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH [redacted]

FILED VS MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1564 STATE FILE NUMBER -60-008953

ENDED

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 16 Years

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 939 Maple Place — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Cecil Middle Clyde Last Tanner

4. DATE OF DEATH Month February Day 9, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2/16/1893

9. AGE (last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man

10b. KIND OF BUSINESS OR INDUSTRY Fairbanks - Morse

11. BIRTHPLACE (City and state or country) Lilbourn, Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Martin Alexander Tanner

13b. MOTHER'S MAIDEN NAME Eva Bryant

14. NAME OF HUSBAND OR WIFE Stella M. Tanner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 500-26-5685

17. INFORMANT Mrs Stella M. Tanner Address 939 Maple Place

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) cerebro vascular accident — Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Acute

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) cerebral arteriosclerosis — Cerebral Arteriosclerosis — 6 months

DUE TO (c) generalized arteriosclerosis — Generalized Arteriosclerosis 331 — undetermined

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): A.S.O with Thrombosis of Left Tibial Artery; ASHD Cpt + Obstructive Emphysema with Cor Pulmonale

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2-15-60

20f. CITY, TOWN, OR LOCATION 2-9-60 COUNTY 2-7-60 STATE

21. I attended the deceased from January 15, 1960, to February 7, 1960 and last saw ~~her~~ him alive on February 7, 1960

Death occurred at 3 A.M. 3:00 am February 9, 1960 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thos. V. McManamon M.D. — Thomas V. McManamon MD

22b. ADDRESS 525 St. Francis, Florissant — 525 St. Francois Florissant

22c. DATE SIGNED 2-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2/12/60

23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis Co, Missouri

24. FUNERAL DIRECTOR Alexander & Sons — ADDRESS 6175 Delmar Blvd

25. DATE RECD. BY LOCAL REG. FEB 10 1960

26. REGISTRAR'S SIGNATURE Carl Smith. M.D. — MJB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

Dr.Thomas V.McManamon

525 St.Francois

Florissant,Mo

2 to 9 P.M.

Te.7-3720

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jos. E. McCullock

Licensed Embalmer No. 2466

P. O. Address 617 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co[illegible] 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.