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|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis, Missouri.</b>              |  | Length of stay in 1b  | c. CITY OR TOWN <b>St. Louis</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hosp.</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>3818 Parnell St.</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Frank</b> Middle <b>Tasche</b> Last <b>Tasche</b>                          |                                  |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>14</b> Year <b>1960</b> |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Aug. 29, 1952</b>                                 | 9. AGE (last birthday)<br><b>8 yrs.</b>    | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Grade School Student</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>School</b>  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.</b> |   |
| 13a. FATHER'S NAME<br><b>Charles Tasche</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Gertrude Tybura</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>none</b> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>      |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT Address<br><b>Frank Tasche 3818 Parnell St.</b>            |  |   |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |   | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a)   | <b>Retro Peritoneal Hemorrhage; Fractured Skull; Subdural Hemorrhage; Sustained when struck by truck operated by one Wilfred Willbrand, in front of about 2507 National Bridge, about 3:30 P.M. Dec. 13, 1960. Accident</b> |  |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 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.)<br><b>See above</b> |
|---|--|--|

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|--|--|---|--------|-------|
| 20c. TIME OF INJURY<br><b>3:30 p.m.</b>  | Hour Month, Day, Year<br><b>12-13-60</b>   |   |        |       |
| 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.)<br><b>20 Street</b> | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis Mo</b> | COUNTY | STATE |

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **8:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

|                                     |  |                                   |                                     |
|-------------------------------------|--|-----------------------------------|-------------------------------------|
| 22a. SIGNATURE<br><i>Paul Simon</i> | (Degree or Title)<br><i>Deputy Coroner</i> | 22b. ADDRESS<br><i>1300 Clark</i> | 22c. DATE SIGNED<br><i>12/16/60</i> |
|-------------------------------------|--|-----------------------------------|-------------------------------------|

|  |                                    |   |   |
|--|------------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Dec., 17, 1960</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>St. Louis, Missouri</b> |
|--|------------------------------------|---|---|

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 24. FUNERAL DIRECTOR<br><b>Morrell Funeral Home</b> | ADDRESS<br><b>3710 No. Grand</b> | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 16 1960</b> | 26. REGISTRAR'S SIGNATURE<br><i>Earl Smith, M.D.</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Loren E. Pence

Licensed Embalmer No. 4094

P. O. Address St. Louis

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.