SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-019957
STATE FILE NUMBER

AMENDED ✓

Registration District No. 317 Primary Registration District No. 598 Registrar's No. 1256

FILED MAY 22 1961

1. PLACE OF DEATH
a. COUNTY St. Louis

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berkeley — Length of stay in 1b 2½ mo.

c. CITY OR TOWN Fort Wayne — Inside Limits Yes ☐ No ☑

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Penn Nursing Home — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Florence Middle A. Last Tackett

4. DATE OF DEATH Month 5 Day 4 Year 61

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10/1/86

9. AGE (last birthday) 74

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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Hamilton, Ontario

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

13a. FATHER'S NAME John Macdonald

13b. MOTHER'S MAIDEN NAME Elizabeth Beeston

14. NAME OF HUSBAND OR WIFE Charles E. Tackett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs. Eileen Tibbles Address 5705 Riverview

MEDICAL CERTIFICATION

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 thrombosis — interval between onset and death: unknown

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

DUE TO (b) Auricular fibrillation — unknown

DUE TO (c) Arteriosclerotic Heart disease — unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Combined Systems disease

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 25 1961 to May 4 1961 and last saw her alive on 5/2/61

Death occurred at 8:50 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewis Littmann (Degree or title) MD

22b. ADDRESS 8231 Clayton Rd (17)

22c. DATE SIGNED 5/5/61

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

23b. DATE 5/6/61

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

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

24. FUNERAL DIRECTOR Drehmann-Harral ADDRESS 1905 Union

25. DATE RECD. BY LOCAL REG. 5-5-61

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

8231 Clayton Rd.
Pa. 7-0202

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 Albert R. Thompson

Licensed Embalmer No. 4257

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.