

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 748

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 748

1. PLACE OF DEATH:

(a) County.....

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4242 W. Garfield Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town Saint Louis 11 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4242 W. Garfield Ave. 9
(If rural, give location)

(e) No attending physician 0 years.
(If seen born, how long in S. Mo.)

3. (a) PRINT FULL NAME Mary Tankins

3. (b) If veteran, name war -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION
NO PHYSICIAN IN ATTENDANCE

20. DATE OF DEATH: Month January day 21
year 1941 hour 9 minute 30 a. M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Walter Tankins 6. (c) Age of husband or wife if alive years

7. Birth date of deceased unknown abt. 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him alive on....., 19.....;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

about 64 ..hr.min.

Immediate cause of death
Cerebral apoplexy

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 8 30

Major findings: Of operations 8 30

Of autopsy 8 30

MOTHER FATHER { 12. Name Louis Patton

13. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Janie Unknown

15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant James Williams

(b) Address 4242 W. Garfield Avenue

17. (a) Removal (b) Date thereof 1/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Franklin, Mo.

18. (a) Signature of funeral director Char. J. Gates

(b) Address 4107-09 Finney Avenue

19. (a) JAN 23 1941 (b) J. P. Bredeck
(Digitally signed local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury 3

23. Signature Thomas F. Callahan (M. D. or other) 3

Address 1300 Clark Avenue Date signed 1/23/41

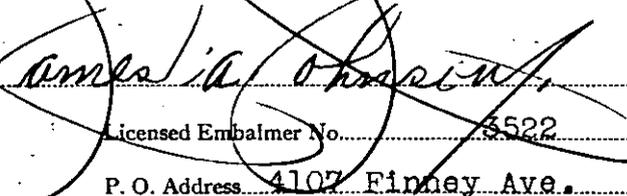
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....James A. Johnson....., Registered Apprentice No.
working under my personal supervision.

Signed.....

A large, stylized handwritten signature in black ink, appearing to read "Amelia Johnson", is written over the signature line and extends into the adjacent fields.

..... Licensed Embalmer No.3522.....

..... P. O. Address. 4107 Finney Ave......

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 this body is not embalmed, fact should be so stated above.