No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29416

Registration District No. 154 Primary Registration District No. 200 Registrar's No. 1778

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural — Meramec
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Egerton Rd & Highway 109 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Rural Meramec
(If outside city or town limits, write "RURAL")

(d) Street No. Highway 109 & Egterton Rds.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Emma Tarr

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

4. Sex Female/ 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife CHRIS SIRUS P. TARR 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May (Month) 7 (Day) 1887 (Year)

8. AGE: Years 54 Months 3 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace New Haven (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Henry Wesselschmidt
13. Birthplace ..... (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Charlotte Stockamp
15. Birthplace ..... (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Mrs. Helen Naylor
(b) Address Chesterfield, Mo.

17. (a) Bruial (Burial, cremation, or removal) (b) Date thereof 8-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation New Haven Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.

19. (a) AUG 28 1941 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1941 hour ..... minute 5 A. M.

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

Immediate cause of death Self Inflicted Gun Shot Wounds. in right side of head.

Due to .....

Due to 164c

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy No

Duration

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

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

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

(b) Date of occurrence 8-26-41

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Louis H Bopp (M.D. or other) Coroner
Address Kirkwood, Mo. Date signed 8-26-41

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H Bapp Registered Apprentice No. working under my personal supervision.

Signed Louis H Bapp

Licensed Embalmer No. 92

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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