

FILED JAN 16 1948
318
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **De Paul Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Frances Tanner**
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 **Hayden Tanner**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **Nov. 28th. 1884**
(Month) (Day) (Year)

8. AGE: Years **63** Months **II** Days **3** If less than one day
.....hr.min.

9. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

11. Industry or business
12. Name **Edward Sparks**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hayden Tanner**
(b) Address **3516 Oakdale Ave., Pine Lawn**
17. (a) **Burial** (b) Date thereof **1/5/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Sullivan Funeral Dir.**
(b) Address **2849 North Euclid Ave.**
19. (a) **JAN 2 1948** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **96**
(c) City or town **St. Louis County**
(If outside city or town limits, write "RURAL")
(d) Street No. **3516 Oakdale, Pine Lawn**
(If rural, give location)
(e) Citizen of foreign country? **NR** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **1** year **1948** hour **4** minute **54** M.
21. I hereby certify that I attended the deceased from **Dec 20**, 19**47**, to **Jan 1**, 19**48**;
that I last saw her alive on **Dec 31**, 19**47**
and that death occurred on the date and hour stated above. Duration

Immediate cause of death **Acute Bronchopneumonia**
Due to
Due to **107**
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work (Specify place of injury)
23. Signature **W. W. White** (M. D. or other)
2803 N. Euclid Ave. St. Louis Date signed **1-2-48**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Herbert L. Berkman

Licensed Embalmer No. 3553

P. O. Address.....

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.