

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 25330  
Registrar's No. 6206

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2199		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4314 Penrose Street			d. STREET ADDRESS (If rural, give location) 4314 Penrose Street	
3. NAME OF DECEASED (Type or Print) a. (First) Nelson		b. (Middle) W.	c. (Last) Tanner	4. DATE OF DEATH (Month) (Day) (Year) July 21st, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 24th, 1889	9. AGE (In years last birthday) 60
IF UNDER 1 YEAR 9 Months	IF UNDER 24 HRS. 27 Hours	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Assessor	10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis	11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME William Tanner		13b. MOTHER'S MAIDEN NAME Gertrude Miffelton	14. NAME OF HUSBAND OR WIFE mann Elsie Mary Tanner nee Twell/
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elsie Mary Tanner, 4314 Penrose Street, 15		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Congestive heart failure DUE TO (c) Old rheumatic heart disease  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH Sudden 2 weeks 20 yrs +
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 420 ft.		
22. I hereby certify that I attended the deceased from Jan 9, 1948, to July 21, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 2:45 P. M. from the causes and on the date stated above.				
23a. SIGNATURE Thermoner Kane MD		(Degree or title)	23b. ADDRESS 1117 N. Grand	23c. DATE SIGNED July 22/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/25/50	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY, LOCAL REG JUL 24 1950	REGISTRAR'S SIGNATURE J. B. Parson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.		

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

(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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

**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.