

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6076 State File No. **32142**
4464 Registrar's No. **2209**

317

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		REGISTRAR'S NO.			
1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) Overland, Mo		c. LENGTH OF STAY (In this place) 3 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) Overland, Missouri		4.30 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION 8537 Forrest Avenue				d. STREET ADDRESS (If rural, give location) 8537 Forrest Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) W.		c. (Last) Tacke, Sr		4. DATE OF DEATH (Month) (Day) (Year) 9 16 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 7th 1860	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 5	IF UNDER 12 HRS. Days 9 Hours 0 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles Tacke			13b. MOTHER'S MAIDEN NAME Stefania Volk		14. NAME OF HUSBAND OR WIFE late, Emma Tacke				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elsie Morgan		ADDRESS 8537 Forrest.			
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) Myocarditis (Chronic)				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Sept 7, 1950 , to Sept 19, 1950 , that I last saw the deceased alive on Sept. 18, 1950 , and that death occurred at 7:10 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C. C. Sterling Mrs				23b. ADDRESS 2050 No. 65th Rd St Louis 14 Mo		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Septm 19-50		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo			
DATE REC'D BY LOCAL REG. SEP 18 1950		REGISTRAR'S SIGNATURE Blebert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz		ADDRESS 4828 Nat'l Bridge Bl.			

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

400

S. No. 300
V. 10-48

Dr. Sterling
2050 N. S. Rd.
W. 2624
1:30 Pm to 4:00 Pm

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Ralph C. Zanders

.....
Student Embalmer,

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.