

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 266

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

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>7/TOWN Kirkwood 4713</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>14143c Prospect</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Iona</u> | | b. (Middle) | | c. (Last) <u>Tackett</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28, 1952</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Col.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>May 20 1889</u> | |
| 9. AGE (In years last birthday) <u>62</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> | | 11. BIRTHPLACE (State or foreign country) <u>Montgomery County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Scott Randall</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mabel Faulkson</u> | | 14. NAME OF HUSBAND OR WIFE <u>?</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>No.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nevada Britt</u> | | ADDRESS <u>202 W. Kirkham Ave</u> | |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) Partial bowel obstruction - operated.</u> <u>DUE TO (c) Cardiac failure</u> | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5705</u> | | | | | |

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|------------------------|--|----------------------------------|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------|--|----------------------------------|--|--|--|---|--|

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| 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 1-14, 1952, to 1-28, 1952, that I last saw the deceased alive on 1-28, 1952, and that death occurred at 7:05 A.M., from the causes and on the date stated above.

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|---|--|---|--|------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Herbert R. Donke</u> | | 23b. ADDRESS <u>6015 Brentwood Blvd. Clayton</u> | | 23c. DATE SIGNED <u>1-28-52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Feb 2 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>2-1-52</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Kempf</u> | | ADDRESS <u>408 S. Fillmore</u> | |
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SC (Licensed Embalmer's Statement on Reverse Side)

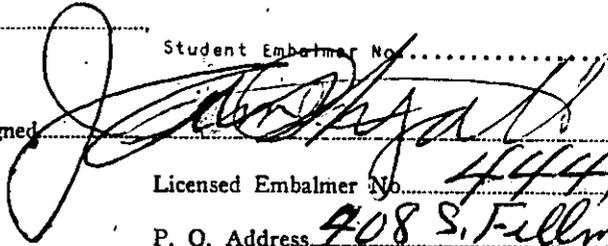
Kirkwood 23. Mo

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed 
Licensed Embalmer No. 4441
P. O. Address. 408 S. Fullmore

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.