

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038278

STATE FILE NUMBER

10162

FILED NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's 10162

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in 1b 19 yrs	d. STREET ADDRESS (If outside, give location) 2045 Alfred Avenue
3. NAME OF DECEASED (Type or print) First Middle Last Hildegard Tammanga			4. DATE OF DEATH Month Day Year Oct. 21, 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 26, 1909
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife/Saleslady	11. BIRTHPLACE (City and state or country) Danzig, Germany
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife/Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Home/Retail Store	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Gomoll		13b. MOTHER'S MAIDEN NAME Alma Lehrke	14. NAME OF HUSBAND OR WIFE Bino Tammanga
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Bino Tammanga, 2045 Alfred Avenue
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Infarct</i> DUE TO (b) <i>Chronic Tuberculosis</i> DUE TO (c) <i>Hypertension</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>2 yrs</i> <i>2 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <i>8:04 P.</i>		and last saw him alive on <i>October 20/58</i> <i>October 21/58</i> <i>10/20/58</i>	
22a. SIGNATURE (Deceased's title) <i>Walter Tammanga MD</i>		22b. ADDRESS <i>Hofmann Strasse</i>	22c. DATE SIGNED <i>10/23/58</i>
23a. BURIAL, CREMATION; REMOVAL (Specify) burial	23b. DATE Oct. 24, 1958	23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave		25. DATE RECD. BY LOCAL REG. OCT 24 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. Walter Rohlfing
4724 Gravois Ave.

About 12 noon Thurs.

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
Signature of Student Embalmer

Signed

Harmer W. Fritz

Licensed Embalmer No. *3882*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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