WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19077

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis. (No. Lutheran Hospital. St. ..... Ward)

File No. .....

Registered No. 5495

2. FULL NAME Placide M. Tinsley.

(a) Residence. No. 3329 S. Ninth Street St. 24 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alexander Tinsley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 7. 1853.

7. AGE: Years 74 | Months 9 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ste. Genevieve, Mo.

PARENTS

10. NAME OF FATHER: G. P. Beauvois.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): France

12. MAIDEN NAME OF MOTHER: Adrianne Greniere.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): France

14. INFORMANT: Austin R. Tinsley
(Address) 3329 S 9th

15. FILED MAY 21 1928, 19 Max C Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 19 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 19..., to ....., 19..., that I last saw h. W. alive on May 14th, 1928, and that death occurred, on the date stated above, at 1.50 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cerebral Hemorrhage
apoplexy 82A

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY): none

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. A. Rohlfing, M. D

May 20, 1928 (Address) 4724 Gravois Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery

DATE OF BURIAL: May 21 1928

20. UNDERTAKER: J H Gibbons Lawn Co

ADDRESS: 2842 Meramec