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

40056
Do not use this space.

1. PLACE OF DEATH DEC 13 1937 Registration District No. 791 Primary Registration District No. 1003 Registered No. 11043

(a) County ..... (b) Township ..... (c) City St Louis (d) Street No. 3019 A HENRIETTA St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME DONALD GENE TINNELL
(a) Residence, No. 3019 A HENRIETTA St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 - 1937
7. AGE: Years —; Months —; Days 23; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) MO

FATHER
13. NAME ERVEN E. TINNELL
14. BIRTHPLACE (CITY OR TOWN) Newburg (STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME Margarette Key
16. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) MO

17. INFORMANT Erven Tinnell (ADDRESS) 3019a HENRIETTA
18. BURIAL, CREMATION, OR REMOVAL PLACE Newburg Mo. DATE DEC 1 37
19. FUNERAL DIRECTOR Henry L WEIDEMUELLER (ADDRESS) 6203 GRAND
20. FILED NOV 30 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1937, to Nov 30, 1937
I last saw h. alive on Nov. 29, 1937. Death is said to have occurred on the date stated above, at 9.00 a.m.
The principal cause of death and related causes of importance were as follows:

Food Poisoning due to improper diet error in formula

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) E. M. Adams, M. D.
(Address) 3012 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

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.

THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, Henry L. Weidenmueller, Licensed Embalmer No. 7693

hereby certify that the body recorded on the reverse side of this certificate was embalmed by H. Weidenmueller

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Henry L. Weidenmueller

Licensed Embalmer No. 7693

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.)