o. 2
13-40
7-39
K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37175

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9448

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

1. PLACE OF DEATH:
(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 24 years

DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1508 N. 10th St
(If rural, give location)
(e) If foreign born, how long in U. S.? years.

3. (a) PRINT FULL NAME Sarah Tingle. (Miller)
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Willard Tingle
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 6. 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	8	11	hr. min.

9. Birthplace Springfield, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation Housework 9
11. Industry or business 9
MOTHER FATHER
12. Name George Orr 9
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Phoenix.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address 1508 N. 10th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19.40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Bennett-Nichols
(b) Address 1431 Union Blvd.
19. (a) NOV 18 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1940 hour 7 minute 05 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
Ascites Regurgitation
Due to Fuller's Hernia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred Stevens (M. D. or other)
Address Clayton, Missouri Date signed 11/18/40

(Licensed Embalmer's Statement on Reverse Side)

No embalming

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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