

Registration District No. **787**

Primary Registration District No. **200**

Registrar's No. **249**

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

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
(b) City or town **NORMANDY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'SULLIVAN NURSING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS 96**
(c) City or town **NORMANDY**
(If outside city or town limits, write "RURAL")
(d) Street No. **3715 ST. ANN'S LANE**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **MARION ELLIS TINSLEY**
3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

20. DATE OF DEATH: Month **JANUARY** day **30-1942**
year **6** hour **-** minute **P.** M.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **2 divorced WIDOWED**
6. (b) Name of husband or wife **MELISSA P. TINSLEY** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JUNE 10 1865**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 30 1942** to **Jan 30 1942**
that I last saw him alive on **Jan 30 1942**
and that death occurred on the date and hour stated above.

8. AGE: Years **76** Months **7** Days **20** If less than one day _____ hr. _____ min.

Immediate cause of death:
Sep Ventricular failure
Hypertension, Cerebral Arteriosclerosis Coronary Sclerosis, Atherosclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **SANTA FE ILLINOIS**
(City, town, or county) (State or foreign country)
10. Usual occupation **TIMBER CONTRACTOR**
11. Industry or business **RETIRED 10 YEARS**

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name **CALVIN TINSLEY**
13. Birthplace **UNKNOWN** 9
(City, town, or county) (State or foreign country)
14. Maiden name **NANCY A. MCCONNELL**
15. Birthplace **UNKNOWN** 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **MRS LILLIAN T. BOXLEY**
(b) Address **5883 PLYMOUTH AVE**
17. (a) **BURIAL** (b) Date thereof **2-1-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **UNION CITY, TENN**

While at work? _____ (Specify type of place)
(b) Means of injury _____
23. Signature **Dr. W. Salinas** (M. D. or other) **Dr.**
Address **1320 Stewart Rd.** Date signed **Jan 31 1942**

18. (a) Signature of funeral director **Shepard Funeral Home**
(b) Address **1167 Hamilton Ave.**
19. (a) **FEB 1 1942** (b) **C. H. McLawrence**
(Date received local registrar) (Registrar's signature)

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 J. Wm Dinkley
Licensed Embalmer No. 3653
P. O. Address St Louis Mo.

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.