

MAR 17 1947 91
 Registration District No. 91

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST. LOUIS, MO
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. LOUIS CITY HOSP
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 37 days
(Specify whether years, months or days)
 In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 22000
 (c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 900 S. 4th St 9
(If rural, give location)
 (e) Citizen of foreign country? NO 3 (Yes or No)
 If yes, name country Yes

3. (a) PRINT FULL NAME CHARLES WM TINSLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 54 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace MISS TENN (City, town, or county) (State or foreign country)

10. Usual occupation RIVER MAN

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant WM PATES - Friend

(b) Address 700 S 4th St

17. (a) Removal (b) Date thereof 2-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis, Tenn.

18. (a) Signature of funeral director Robert W. Hopper

(b) Address 4700 Washington Blvd

19. (a) FEB 9 (b) J. F. Braddock
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
 year 1942 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from JAN. 2, 1942 to FEB. 8, 1942
 that I last saw him alive on FEB 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death EXTENSIVE METASTASES CARCINOMA OESOPHAGUS SQUAMOUS CELL TYPE 10 MO

Due to SYPHILITIC AORTITIS
TERMINAL PNEUMONIA 2 days
 Due to e

Other conditions OLD GASTROSTOMY 7 mos.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy SAME

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? _____

While at work _____ (Specify type of place)
 (e) Means of injury _____

23. Signature R.A. Nachtrieb (M. D. or other) _____
 Address _____ Date signed _____

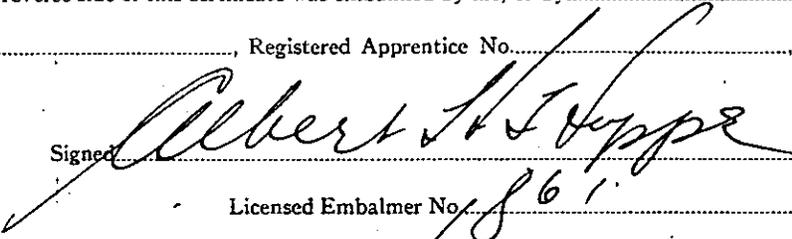
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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. 861.....

P.O. Address.....

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.