No. 2
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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 6 1942 791

State File No. 23183

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 6260

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

1. PLACE OF DEATH:

(a) County .....

(b) City or town ..... (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: en route Homer G. Phillips Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 2

(c) City or town St Louis 92 (If outside city or town limits, write "RURAL")

(d) Street No. 2222 Spruce St (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Henry Tinner

3. (b) If veteran, name war ——

3. (c) Social Security No. no

4. Sex Male 2

5. Color or race Col

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 Dec (Month) 25 (Day) 1887 (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	6	24	..... hr. ..... min.

9. Birthplace Enterprise (City, town, or county) Miss (State or foreign country)

10. Usual occupation own business Coal & Ice

11. Industry or business .....

FATHER
12. Name Alfred Tinner
13. Birthplace Enterprise (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Charity Ott
15. Birthplace Topton (City, town, or county) Miss (State or foreign country)

16. (a) Informant Laura Ann Rachell

(b) Address Route 1 Box 5 Enterprise miss

(a) Removal Miss (Burial, cremation, or removal) (b) Date thereof 7-25-42 (Month) (Day) (Year)

(c) Place: burial or cremation Enterprise miss

18. (a) Signature of funeral director J H Randle & Son

(b) Address 3133 Bell ave

19. (a) JUL 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1942 hour 11:00 minute 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 Acute Intestinal obstruction due to adhesions following

Due to old abdominal operation

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 Henry (M. D. or other)

Address Cyprus Coron Date signed 7/24/42

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Whoatl

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

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