

FILED DEC 22 1943

Registration District No.

318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5606a Theodosia Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 52 years (Specify whether  
In this community 52 years  
years, months or days)

3. (a) PRINT FULL NAME Ida Tinsley

3. (b) If veteran, name war No. 3. (c) Social Security No. 489-09-0320

4. Sex Female 5. Color or race White 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 July 18 1892  
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 18 If less than one day hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business

MOTHER FATHER { 12. Name William Tinsley  
13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Garrety  
15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Tinsley  
(b) Address 5606a Theodosia Ave.

17. (a) Burial (b) Date thereof 12-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director ny. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 8 1943 (b) J. F. Budek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 176  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 5606a Theodosia Ave. (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5  
year 1943 hour 11:30 P.M. minute

21. I hereby certify that I attended the deceased from Nov 9 1943 to Dec 5 1943  
that I last saw her alive on Dec 5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Due to

Due to

Other condition Ac Myocarditis  
(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?

While at work? (Specify type of place) (e) Means of Injury

23. Signature W. J. Brown (M. D. registrar)  
Address 3903 Olive Date signed 12/7/43

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

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**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..... *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address. *2223 St Louis Ave*

**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.**