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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7047

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 1793

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:
3710 Chouteau Ave.
(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 Mo. (b) County

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

(d) Street No. 3710 Chouteau Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas A. Tinker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

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 Feb. (Month) 26 (Day) 1881 (Year)

8. AGE: Years 65 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Crawford Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Invalid & Blind

11. Industry or business No Occupation

FATHER
12. Name William Tinker
13. Birthplace Crawford Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Margaret Woods
15. Birthplace Crawford Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Lydia Hedrick
(b) Address 3710 Chouteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 24 (Day) 47 (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) FEB 21 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st year 1947 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from Jany 10 47 to Feby 21st 1947; that I last saw him alive on Feby 20 - 47; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Chronic Myocarditis

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 [signature] (M. D. or other) MD

Address 1537 So Grand Date signed 2-22-47

(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 Richard W. Stoessand

Licensed Embalmer No. 4007

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.