S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19436 4814

Registration District No. 318 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 Hospital, Max C. Starkloff Memorial (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
(c) City or town St. Louis Mo (If outside city or town limits, write "RURAL")
(d) Street No. 4442 A Margaretta. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CATHERINE TINKER
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Dale Tinker.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6-4-1878 (Month) (Day) (Year)
8. AGE: Years 68 Months 11 Days 8 If less than one day hr. min.
9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Charles Vaughan
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Alice Clifford
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Dale Tinker
(b) Address 4442 A Margaretta ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Sullivan Bro's
(b) Address 2849 N. Euclid ave.
19. (a) MAY 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 12 year 1947 hour 12:540 minute A M.
21. I hereby certify that I attended the deceased from 4-22-47, 19, to 5-12-47, 19; that I last saw h. or alive on 5-12-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral vascular accident	
Due to: Embolus or occlusion	
Due to:	
Other conditions: Fracture left hip - 8 yrs (Include pregnancy within 3 months of death) cerebrovascular - non union	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 (M. D. or other)
Address 1515 Lafayette Date signed 5-12-48

Jefferson City Printing Co. (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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.