No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 43694

FILED JAN 10 1948

Registration District No. 2 17 — Primary Registration District No. 3068 — Registrar's No. 2733

**1. PLACE OF DEATH:**

(a) County: St. Louis

(b) City or town: MAPLEWOOD 7235 BRUNO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7235 BRUNO /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 DAYS (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:** 28

(a) State: MO (b) County: St. 0

(c) City or town: CUBA 0
(If outside city or town limits, write "RURAL")

(d) Street No.: STR ROUTE 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: FRED E. TINKHAM SR

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: MYRA

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: JAN (Month) 19 (Day) 1868 (Year)

8. AGE: Years 79 | Months 11 | Days 11 | If less than one day: hr. min.

9. Birthplace: (City, town, or county) MASS (State or foreign country) /

10. Usual occupation: CARPENTER

11. Industry or business:

MOTHER FATHER

12. Name: FRED TINKHAM

13. Birthplace: (City, town, or county) MASS (State or foreign country) /

14. Maiden name: PERSELIA SPARROW

15. Birthplace: (City, town, or county) MASS (State or foreign country) /

16. (a) Informant: FRED E. TINKHAM JR

(b) Address: 5630 CATEWRILLANT

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN 2 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: LAKE CHARLES

18. (a) Signature of funeral director: Cullen-Kelly

(b) Address: 4786 LINDELL

19. (a) 12-31-47 (Date received local registrar) (b) Cecil Z. Clark (Registrar's signature) MD

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: DEC day: 30 year: 1947 hour: 6 minute: A.M.

21. I hereby certify that I attended the deceased from: 11-30, 1947, to: 12-30, 1947; that I last saw h. alive on: 12-29, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cardiac failure | 24 hours |
| Due to: Gen. carcinomatosis | 6 month |
| Due to: Carcinoma of the prostate | 2 yrs |
| Other conditions (include pregnancy within 3 months of death): 51 lb | |

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: 0

23. Signature: W. W. Norman (M. D.)

Address: 9436 Gravois Date signed: 12-30-47

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

**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.**