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FILED NOV 12 1948

318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:  
St. Louis City Hospital *D*  
(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

3: (a) PRINT FULL NAME John E. Tindall

3: (b) If veteran, name war World War #2

3: (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

6: (a) Single, widowed, married, divorced Married

6: (b) Name of husband or wife June Tindall

6: (c) Age of husband or wife if alive 27 years

7. Birth date of deceased May 31 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

35 4 2 hr. min.

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

10. Usual occupation Finisher

11. Industry or business Mid-West Piping Company

12. Name Walter Tindall

13. Birthplace Jefferson County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Cecelia James

15. Birthplace Jefferson County Missouri  
(City, town, or county) (State or foreign country)

16: (a) Informant June Tindall

(b) Address Festus, Missouri

17: (a) Burial (b) Date thereof 10/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Missouri

18: (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19: (a) OCT 4 1948 (b) J. F. Busch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson *5*

(c) City or town Festus *3*  
(If outside city or town limits, write "RURAL")

(d) Street No. 513 South 5th Street. *1*  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3  
year 1948 hour 2 minute 30 a.

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 \_\_\_\_\_

Barbituric Acid Poisoning

Due to Whether accidental or intentional could not be determined

Other conditions Open Verdict  
(Include pregnancy within 3 months of death)

Major findings: 179 B

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ *156*

(b) Date of occurrence 10/5/48

(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) \_\_\_\_\_

(a) Means of injury \_\_\_\_\_

23. Signature Patrick B Taylor Dip Cert (M. D. or other) \_\_\_\_\_

Address 1300 Clark Date signed 10-4-48

DEC 2 1944

**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 Elmo P. Cadwell

Licensed Embalmer No. 4077

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.**