

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6744  
Registrar's No. 1170

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>	c. LENGTH OF STAY (in this place) <u>1 DAY</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Penn Nursing Home</u>	d. STREET ADDRESS (If rural, give location) <u>4401 Carson 4090</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u> b. (Middle) c. (Last) <u>TYNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 2, 1951</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>1892-5-8</u>	AGE (In years last birthday) <u>58</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 HR. Hours	# UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Private Homes</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Hayes</u> ADDRESS <u>Poplar Blvd Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES		DUE TO (b) <u>Osteosclerotic Myelofibrosis</u>	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS		<u>Generalized Arteriosclerosis</u>	
	Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>242.3</u>
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22. I hereby certify that I attended the deceased from FEB 2, 19 51, to FEB 2, 19 51, that I last saw the deceased alive on FEB 2, 19 51, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F.R. Bradley</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>2/3/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>	24b. DATE <u>2-3-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau mo</u>
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DATE REC'D BY <u>FEB 3 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Lister</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u> ADDRESS <u>1011 Manchester Ave. St. Louis 10, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0211

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *J. Allen Davis Jr*  
Licensed Embalmer No. *4053*  
P. O. Address *OTLantis Mo*

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.