

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28803**
7480

FILED SEP 1 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY /		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	2059
d. FULL NAME OF HOSPITAL OR INSTITUTION 5854 Clemens		d. STREET ADDRESS (If rural, give location) 5854 Clemens	

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) AMOS	c. (Last) TYNES	4. DATE OF DEATH (Month) (Day) (Year) Aug. 21, 1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 19, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 11 Days 2	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Streetcar operator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jonesburg, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Thomas J. Tynes	13b. MOTHER'S MAIDEN NAME Margaret Collier	14. NAME OF HUSBAND OR WIFE Mary Tynes
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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) no	16. SOCIAL SECURITY NO. 493-10-9383	17. INFORMANT'S SIGNATURE OR NAME Mary Tynes - 5854 Clemens	ADDRESS
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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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hypertrophic ANTECEDENT CAUSES myocarditis; Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS 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? H 201
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8.22.51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-24-1951	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.	24d. LOCATION (City, town, or county), (State) St. L. Co., Mo.
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DATE REC'D BY LOCAL REG. Aug 22 1951	REGISTRAR'S SIGNATURE J. Earl Ruith M.D. & P.	25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith - 7456 Manchester	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J.P. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.