No. 300
10-48

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

OCT 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33506

BIRTH NO. 73140 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8917

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Incarnate Word Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2029
d. STREET ADDRESS (If rural, give location): 2 4805a Hamburg

3. NAME OF DECEASED (Type or Print)
a. (First): LINDA
b. (Middle): GAIL
c. (Last): TINKHAM

4. DATE OF DEATH (Month) (Day) (Year): 9-24-52

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 9-24-52
9. AGE (In years last birthday): If under 1 year: Months / Days: Hours 5 / Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): New Born
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Clifton William Tinkham, Jr.
13b. MOTHER'S MAIDEN NAME: Zelta Mae Jones
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Father-C.W.Tinkham, Jr.
ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage intra-cranial — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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 ☐ NO ☒

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 7600

22. *I hereby certify that I attended the deceased from* 9/24, 1952, *to* 9/24, 1952, *that I last saw the deceased alive on* 9/24, 1952, *and that death occurred at* 7:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: John M. Collins
(Degree or title): M.D.
23b. ADDRESS: 9438A Gravois, St. Louis 23
23c. DATE SIGNED: 9/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/25/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
24d. LOCATION (City, town, or county) (State): Affton Mo

DATE REC'D BY LOCAL REG.: SEP 25 1952
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
M.B.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: J. L. Ziegenhein & Sons 7027 Gravois

(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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grand

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.