

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36934

State File No. ....

NOV 12 1952

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 9425

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u> )		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <span style="float: right;">2719</span>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>J.</u> c. (Last) <u>Tinsley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 21 1889</u>
9. AGE (In years last birthday) <u>63</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Mo.</u>
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Eli Tinsley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary J. Nixon</u>	
14. NAME OF <del>husband</del> OR WIFE <u>Iva</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>499-03-8276</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Verda Walker 721 N Avers</u>	
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 Chicago, Ill I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fr of skull. Subdural hemorrhage</u> ANTECEDENT CAUSES <u>suffered when struck by street car operated by August Staff at intersection of Grand and Easton around 3:45 pm</u> DUE TO (b) <u>Sept 18 1952</u> DUE TO (c) <u>Sept 18 1952</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Street</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 18 52 3:45 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>E840X</u>		22. I hereby certify that I attended the deceased from <u>10</u> <u>19</u> <u>52</u> to <u>19</u> <u>52</u> , that I last saw the deceased alive on <u>19</u> <u>52</u> , and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above. <u>36</u>	
23. SIGNATURE (Degree or title) <u>Patricia Taylor Coroner</u>		23b. ADDRESS <u>1300 1/2 E 12th</u>	
23c. DATE SIGNED <u>10/15/52</u>		24. NAME OF CEMETERY OR CREMATORY <u>Poplar Bluff, Mo</u>	
24. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
25. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		25b. DATE <u>Oct 13 1952</u>	
25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>OCT 14 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>McLAUGHLIN FUNERAL HOME, INC.</u>		ADDRESS	

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

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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

Signature

*A. G. Lewis*

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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.