

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3187

0315

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| 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 | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. LENGTH OF STAY (In this place) 26 days | | c. CITY OR TOWN St. Louis, Mo. | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis, Chronic Hosp. | | | | e. STREET ADDRESS (If rural, give location) 26 4031 No. 9th St. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Pete b. (Middle) c. (Last) Tinker | | | 4. DATE OF DEATH (Month) (Day) (Year) 1 12 55 | | | | | | |
| 5. SEX Male | | 6. COLOR (OR RACE) White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | | 8. DATE OF BIRTH Oct. 24, 1867 | | | |
| 9. AGE (In years last birthday) 87 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Const. | | 11. BIRTHPLACE (City and State or Foreign Country) Ellington, Mo. | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Marion Tinker | | 13b. MOTHER'S MAIDEN NAME Sarah Hanger | | 14. NAME OF HUSBAND OR WIFE Rachel Tinker | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, up, or unknown) No. | | 16. SOCIAL SECURITY NO. Nil. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clardy Tinker, 4031 No. 9th St. | | | | | |
| 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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with cerebral involvement DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from Dec. 17, 1954 , to Jan. 12, 1955 , that I last saw the deceased alive on Jan. 12, 1955 , and that death occurred at 7:25 a. m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Calvin Duane Bowditch M.D. | | | | 23b. ADDRESS 5800 Arsenal St. | | 23c. DATE SIGNED 1-12-55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 1-12-55 | | 24c. NAME OF CEMETERY OR CREMATORY Local | | 24d. LOCATION (City, town, or county) (State) Ellington, Mo. | | | |
| DATE REC'D BY LOCAL REG. JAN 12 1955 | | REGISTRAR'S SIGNATURE J. Cash Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington. | | | | | |

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.....
Signature of Student Embalmer

Signed... *Etton H. Remelius*

Licensed Embalmer No. *428*

P. O. Address... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.