

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023465

STATE FILE NUMBER

2 6020

FILED JUL 7 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Alxian Pr.</u>		Length of stay in 1b <u>3 days</u>		d. STREET ADDRESS (If outside, give location) <u>3462 Alaska</u>	
3. NAME OF DECEASED (Type or print) <u>CHARLES P. TINSLEY SR.</u>			4. DATE OF DEATH Month <u>6</u> Day <u>23</u> Year <u>1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-26-1890</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONFECTIONAR</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	
12. CITIZENSHIP <u>U.S.A.</u>		13a. FATHER'S NAME <u>THOMAS TINSLEY</u>		13b. MOTHER'S MAIDEN NAME <u>HESTER HENSON</u>	
14. NAME OF HUSBAND OR WIFE <u>MAE MARY HEGGER TINSLEY</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>497-10-3671</u>	
17. INFORMANT <u>Mae Tinsley</u>		Address <u>3462 Alaska</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma (Cancer) of the</u> <u>Tongue with general Metastases</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>141-9</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo.</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Apr. 23 1959</u> to <u>June 23 1959</u> and last saw <sup>her</sup> <u>him</u> alive on <u>June 22nd, 1959</u> Death occurred at <u>7 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>W. H. Walters M.D.</u>		(Degree or title) _____		22b. ADDRESS <u>3602 South Grand Blvd.</u>	
22c. DATE SIGNED <u>6/24/59</u>		22d. BUREAU OF VITALS (Special)			
23a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>Common</u>		23b. DATE <u>6-26-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem</u>	
23d. LOCATION (City, town, or county) <u>St. Louis Co, Mo</u>		(State) _____			
24. FUNERAL DIRECTOR <u>Angbornell</u>		ADDRESS <u>3819 So Grand</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 25 '59</u>	
26. REGISTRAR'S SIGNATURE <u>Heard Smith, M.D.</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *George J. Emmert* .....  
Licensed Embalmer No. *466* .....  
P. O. Address *St. Louis 18 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.