

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025028

FILED VS Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6451** STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		Length of stay in 1b 8 DAYS	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3708 HEBERT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HORACE Middle S. Last TINSLEY			4. DATE OF DEATH Month JUNE Day 23 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/2/93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ELIZABETH TOWN, ILL		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME TOM TINSLEY		13b. MOTHER'S MAIDEN NAME MELISSA DAVIS		14. NAME OF HUSBAND OR WIFE MAUD TINSLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown); (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 49-905-1191		17. INFORMANT 3708 HEBERT ST LOUIS, MO. MAUD TINSLEY	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) MYOCARDIAL INSUFFICIENCY			4 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE			10 YRS
DUE TO (c) 422.1H			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHOGENIC CARCINOMA OF RIGHT UPPER LOBE		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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 **6/15/60** to **6/23/60** and last saw him alive on **6/23/60**
Death occurred at **4:15 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Dr. H. H. Hoshbach M.D.</i>	22b. ADDRESS VAH, ST LOUIS, MISSOURI	22c. DATE SIGNED 6/23/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 27/60	23c. NAME OF CEMETERY OR CREMATORY Memorial Pk. Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.
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24. FUNERAL DIRECTOR Leidner Und. Co. 2223 St. Louis Ave.	25. DATE RECD. BY LOCAL REG. JUN 24 1960	26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 1307

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.