FILED VS AUG 8 1960

DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-029129

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2294

NDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Length of stay in 1b DOA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Richmond Hgts., Mo. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1512 Yale Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HAROLD Middle BURNHAM Last TINKER
4. DATE OF DEATH Month July Day 30 Year 1960

5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec.5,1896
9. AGE (last birthday) 64 — IF UNDER 1 YEAR Months 7 Days 25 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Elgin Machine Wrks.
11. BIRTHPLACE (City and state or country) Michigan
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Charles Tinker
13b. MOTHER'S MAIDEN NAME Minerva Burnham
14. NAME OF HUSBAND OR WIFE Emily Tinker

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. 360-01-2908
17. INFORMANT Emily Tinker Address 1512 Yale Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH 1 HOUR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 15 YRS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 JUNE 15 1945, to JULY 29 1960 and last saw her/him alive on JULY 21 1960
Death occurred at 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. A. Barnick D O.
22b. ADDRESS 6651 ENRIGHT ST LOUIS
22c. DATE SIGNED 7-31-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug.2,1960.
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR A.H.Bocklage F.H. ADDRESS 6536 Clayton Rd.
25. DATE RECD. BY LOCAL REG. 8-1-60
26. REGISTRAR'S SIGNATURE [signature] M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.