

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38700

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. ....)

File No. ....

Registered No. 11336

St. .... Ward)

**2. FULL NAME** Infant Tinnen

(a) Residence. No. 2017 E. Jefferson Ave. 23 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Infant

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Nov. 5, 1928

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, 1 hrs. or 15 min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

St. Louis

(STATE OR COUNTRY)

Missouri

**10. NAME OF FATHER**

Forrest William Tinnen

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri

**12. MAIDEN NAME OF MOTHER** Eather Stevens

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri

**14.**

INFORMANT

(Address)

(Father) Forrest William Tinnen  
2017 E. Jefferson Ave.

**15.**

FILED NOV 21 1928

19.....

Max Starkloff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Nov. 5 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to ....., 19....., and that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at..... 1300 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature birth

16/10/28 (duration)..... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

(duration)..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

Did an operation precede death?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) James M. Haven M. D.

, 19..... (Address) 2825 E. Jefferson Ave. St. Louis, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

POTTERS FIELD

**DATE OF BURIAL**

11-23-1928

**20. UNDERTAKER**

E. Shanon, 1426 Carroll

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

