

DEC'D AUG 17 1939 **791**  
Registration District No. \_\_\_\_\_

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

Registrar's No. **5982**

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2044 LAFAYETTE AV**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days **5 years**

**3. (a) PRINT FULL NAME** **CYNTHIA TINGLEY**  
**3. (b) If veteran,** name war **NONE**  
**3. (c) Social Security** No. **NONE**

**4. Sex** **FEMALE** **5. Color or race** **WHITE**  
**6. (a) Single, widowed, married, divorced** **WIDOW**  
**6. (b) Name of husband or wife** **UNKNOWN** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **APRIL 18 1846**  
(Month) (Day) (Year)

**8. AGE:** Years **93** Months **7** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** \_\_\_\_\_ (City, town, or county) **PENN.** (State or foreign country)

**10. Usual occupation** **NIL**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** **UNK. HOLDEN. I**  
**13. Birthplace** \_\_\_\_\_ (City, town, or county) **PENN.** (State or foreign country)

**MOTHER**  
**14. Maiden name** **RACHEL UNK.**  
**15. Birthplace** \_\_\_\_\_ (City, town, or county) **PENN.** (State or foreign country)

**16. (a) Informant's own signature** **F. Rhodes**  
**(b) Address** **2044 Lafayette**

**17. (a) BURIAL** (Burial, cremation, or removal) **(b) Date thereof** **JULY 8 1939**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** **SUN SET BURIAL PARK**

**18. (a) Signature of funeral director** **E. J. Schirmer**  
**(b) Address** **3125 Lafayette Av**

**19. (a) JUL 7 1939** (Date received local registrar) **(b) J. N. [Signature]** (Signature of registrar)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **MISSOURI** (b) County \_\_\_\_\_  
(c) City or town **ST. LOUIS** **23**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2044 LAFAYETTE AV,**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **JULY** day **5**  
year **1939** hour **11:25** minute \_\_\_\_\_  
**21. I hereby certify that I attended the deceased from** **May 1938**  
**1939** to **7/5/1939**  
that I last saw **her** alive on **6/30** 19**39**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocardial degeneration**  
Due to: **arteriosclerosis**

Due to: \_\_\_\_\_  
Other conditions: **Age**  
(Include pregnancy within 3 months of death)

Major findings: **✓**  
Of operations: **✓**  
Of autopsy: **✓**

Duration **6 mos**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) **✓**  
(b) Date of occurrence **✓**  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **✓**

While at work **✓** (Specify type of place) \_\_\_\_\_  
(Specify means of injury) \_\_\_\_\_  
**23. Signature** **B. D. [Signature]** (M. D. or other)  
Address **1514 So. Jefferson Av** Date signed **7/7/39**

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.

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Joe B. Vollmer  
Licensed Embalmer No. 4014  
P. O. Address 3125 Lafayette

**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 this body is not embalmed, above space should be left blank.**