

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

791

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

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

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_ 1
- (b) City or town St. Louis, Missouri
- (c) Name of hospital or institution: BARNES HOSPITAL  
(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 days3. (a) PRINT FULL NAME Ina Helen Tivener 156

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED =6. (b) Name of husband or wife JOHN L. TIVENER - 6. (c) Age of husband or wife if alive 45 years7. Birth date of deceased JAN 4 = 1897 =  
(Month) (Day) (Year)8. AGE: Years 43 Months - Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace CARLYLE ILLINOIS -  
(City, town, or county) (State or foreign country)10. Usual occupation AT HOME

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

12. Name JOHN SWALLY 113. Birthplace IUKA ILL.  
(City, town, or county) (State or foreign country)14. Maiden name GERTRUDE LOVE 115. Birthplace ODIN ILL.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ina H. Tivener(b) Address 7219 LINDOVER PL.17. (a) BURIAL (b) Date thereof 1/10/40 -  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY CEM.18. (a) Signature of funeral director M. J. Croghan(b) Address 7146 MANCHESTER AV.19. (a) Jan 6 - 40 (b) J. T. Brudick  
(Received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
- (c) City or town Maplewood NR  
(If outside city or town limits, write "RURAL")
- (d) Street No. 7219 Lindover Place  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6  
year 1940 hour 2 minute 00 P.M.21. I hereby certify that I attended the deceased from May  
\_\_\_\_\_, 1937, to Jan 6, 1940  
that I last saw her alive on Jan 6, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death \_\_\_\_\_  
Osteogenic sarcoma?  
vertebral Duration 5 yrs  
Due to metastases to lung,  
mediastinum, ribs.Due to \_\_\_\_\_  
Other conditions Spastic paraplegia  
(include pregnancy within 3 months of death)  
Urinary retentionMajor findings: \_\_\_\_\_  
Of operations \_\_\_\_\_Of autopsy 53

## 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) (a) Means of injury \_\_\_\_\_23. Signature Joe M. Parker (M. D. or other) MD  
Address BARNES HOSPITAL Date signed 1/6/40

**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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester Ct

**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.**