

Form No. 2
1-4-41
5-17-39
I X26390

DEC 22 1941
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Mo. 4 Days
(Specify whether _____)

In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 14

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1923

(d) Street No. 1909 South 7th Street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ralph Tinker

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 14, 14, 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>3</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER { 12. Name Leonard Tinker

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eupha Rosa

15. Birthplace Ellington, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Vina Rosa
(b) Address 2822 Eads Avenue

17. (a) Burial (b) Date thereof 11-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellington, Missouri

18. (a) Signature of funeral director A. V. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) _____ (b) J. F. Brudek
(Date of death, local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18, year 1941 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from October 14, 1941 to November 18, 1941; that I last saw him alive on November 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Hydrocephalus congenital
obiter media 2 yelcer

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy None

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)

(e) Means of injury _____

23. Signature P. V. Mulligan (M.D.)
Address 1515 Lafayette Ave. Date signed 11/18/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 19 1941

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.....
Ralph C. Linders....., Registered Apprentice No. *281*
working under my personal supervision.

Signed *Paul A. Kerth*
Licensed Embalmer No. *3612*
P. O. Address *2317 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, fact should be so stated above.