. No. 2
—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29242

Registrar's No. 7983

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: 4523 Lewis Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17

(c) City or town St Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4523 Lewis Pl
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MYRA A. TINKHAM

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race N

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 4 - 27 - 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 28 If less than one day hr. min.

9. Birthplace New Bedford Mass
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm Leach
13. Birthplace New Bedford Mass
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Tinkham
(b) Address 4523 Lewis Pl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/42
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director C. Carl White
(b) Address 4259 Bendell

19. (a) SEP 26 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 30
year 1942 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Apr. 1st, 1942, to Sept, 1942
that I last saw her alive on Sept. 23rd, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration several years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Clyde E. Kane M.D. (M. D. or other)

Address 706 Walton Date signed 9/28/42

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.