

S. No. 2
DM-5-43
Rev. 5-17-39
X36671

FILED DEC 5 1944
378

1003

Registration District No. _____ Primary Registration District No. _____

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

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: **City 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 days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madison**

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

(d) Street No. **1510 Market St.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William G. Tinker**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **492-10-8679**

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 **September 4 1876**
(Month) (Day) (Year)

8. AGE: Years **68** Months **2** Days **16**
If less than one day _____ hr. _____ min.

9. Birthplace **Curryville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Lithographer**

11. Industry or business _____

12. Name **John C. Tinker**

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

14. Maiden name **Louisa Jane Greiver**

15. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nina Henderson**

(b) Address **Fort Madison, Iowa**

17. (a) **Removal** (b) Date thereof **11-21-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Louisiana, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **NOV 20 1944** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **20**
year **1944** hour **1:25** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Fracture of skull, subdural hemorrhage of the brain when he was struck by a automobile driven by one Donald Davis at the intersection of 16th Market Street around 6:15 P.M. Nov. 19, 1944**

Due to _____

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

Major findings: **170**

Of operations **21**

Of autopsy **1**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Nov. 19, 1944**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street
(Specify type of place)

While at work? _____ (a) Means of injury **as above**

23. Signature **J. F. Bredeck** (M. D. or other) _____
Address _____ Date signed **11/20/44**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Albert E. Happe

..... Licensed Embalmer No. *2971*.....

..... P. O. Address.....

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. .