

FILED JUN 9 1950

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS  
STANDARD CERTIFICATE OF DEATH

State File No. 18205  
1928

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
c. LENGTH OF STAY (In this place) 6 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Illinois b. COUNTY Madison  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Venice 8120  
d. STREET ADDRESS (If rural, give location) 1211 Bissell 8

3. NAME OF DECEASED  
a. (First) Edward b. (Middle) Ellis c. (Last) Tindall

4. DATE OF DEATH (Month) (Day) (Year)  
6 4 50

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug 5 1871

9. AGE (In years last birthday) 78 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam shovel operator

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam shovel operator

10b. KIND OF BUSINESS OR INDUSTRY Paving Co

11. BIRTHPLACE (State or foreign country) Carbondale Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Elijah Tindall

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Ethel Mae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Ethel Mae ADDRESS Venice Ill

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CEREBRAL VASCULAR ACCIDENT  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) DIABETES MELLITUS  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
9 HRS

19a. DATE OF OPERATION June 1, 1950

19b. MAJOR FINDINGS OF OPERATION SEVERE ARTERIO-SCLEROSIS

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 2.60X

22. I hereby certify that I attended the deceased from May 29, 1950, to June 4, 1950, that I last saw the deceased alive on June 4, 1950, and that death occurred at 7 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Hubert Jr MD

23b. ADDRESS Barnes Hospital

23c. DATE SIGNED 6-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6-4-50

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Madison Ill

DATE REC'D BY LOCAL HEALTH DEPT. 6/5 1950

REGISTRAR'S SIGNATURE Dr. B. Facator

25. FUNERAL DIRECTOR'S SIGNATURE Francis Lehey ADDRESS Madison, Ill

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

8267  
4928

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Van M Sigemore

Signed.....  
Student Embalmer

Licensed Embalmer No. 4343

P. O. Address ST LOUIS, MO

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.