

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3075

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1004</b>		Registrar's No. <b>411</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital,</b>				d. STREET ADDRESS (If rural, give location) <b>4322a Michigan Ave.,</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Austin</b>		b. (Middle) <b>R. (McGindley)</b>		c. (Last) <b>Tinsley</b>	
4. DATE OF DEATH		(Month) <b>January</b>		(Day) <b>14,</b>		(Year) <b>1951</b>	
5. SEX <b>Male.</b>		6. COLOR OR RACE <b>White,</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married,</b>		8. DATE OF BIRTH <b>November 21, 1881</b>	
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman-Retired 5 Yrs.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Norwine Coffee Co.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Albert McGindley,</b>		13b. MOTHER'S MAIDEN NAME <b>Placide Beauvais</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth T. Tinsley,</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-09-6937</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth T. Tinsley,</b> ADDRESS <b>4322a Michigan Ave.,</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE PERITONITIS</b>				INTERVAL BETWEEN ONSET AND DEATH <b>ONE DAY</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>PERFORATED DUODENAL ULCER</b>				<b>ONE DAY</b>	
		DUE TO (c) <b>BRONCHIAL ASTHMA</b>				<b>5 YEARS</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>PULMONARY EMPHYSEMA</b>				<b>5 YEARS</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>24HX</b>			
22. I hereby certify that I attended the deceased from <b>MAY</b> , 19 <b>50</b> , to <b>JAN. 14</b> , 19 <b>51</b> , that I last saw the deceased + alive on <b>JAN. 14</b> , 19 <b>51</b> , and that death occurred at <b>12:45A pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert A. Hall</b> (Degree or title) <b>M.D.V.</b>				23b. ADDRESS <b>3902 LAFAYETTE, ST. LOUIS, MO.</b>		23c. DATE SIGNED <b>JAN. 15, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>		24b. DATE <b>1/17/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter &amp; Paul Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri,</b>	
DATE REC'D BY LOCAL <b>JAN 15 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary,</b> ADDRESS <b>2842 Meramec St.,</b> <b>St. Louis, 18, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

*2/11/18*

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Joe B. Benz*  
4249

Signed.....  
Student Embalmer

Licensed Embalmer No.....

2842 Meramec St.,  
P. O. Address..... St. Louis, 18, 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.