

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14850

State File No.

FILED APR 16 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1889**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland 425X	
c. LENGTH OF STAY (In this place) 51 days		d. STREET ADDRESS (If rural, give location) 2719-Ashby Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print)		a. (First) Atwood		b. (Middle) Dudley		c. (Last) Tinker		4. DATE OF DEATH (Month) (Day) (Year) 2 25 52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 28, 1892		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Instructor		10b. KIND OF BUSINESS OR INDUSTRY Hadley Tech. High		11. BIRTHPLACE (State or foreign country) Eau Claire, Wisc.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Harry M. Tinker		13b. MOTHER'S MAIDEN NAME Elizabeth Stark		14. NAME OF HUSBAND OR WIFE Florence B. Tinker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Florence B. Tinker 2719-Ashby Rd-Overland	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ENCEPHALOMALACIA-PROGRESSIVE		INTERVAL BETWEEN ONSET AND DEATH 2 YEARS	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		2 YEARS	
		DUE TO (b) CEREBRAL HEMORRHAGE		15 years	
		DUE TO (c) GENERALIZED ARTERIOSCLEROSIS		2 MONTHS	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MALNUTRITION, INFECTED ULCERS			

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? 352X1	

22. I hereby certify that I attended the deceased from **1-5**, 19 **52**, to **2-25**, 19 **52**, that I last saw the deceased alive on **2-25**, 19 **52**, and that death occurred at **10:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE FR Bradley		(Degree or title) M.D. D		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 2-26-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 29-1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem		24d. LOCATION (City, town, or county) (State) Normandy Mo	
DATE REC'D BY LOCAL REG. FEB 28 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Baumann Bros Inc.		ADDRESS 2504-Woodson Rd- Overland-14-Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 22 1957

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 3457

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3457

P. O. Address Overland 14, 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.