

REC'D JUL 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

20215

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 3
 (b) Township 1 Primary Registration District No. 791
 (c) City St. Louis, Mo. (d) Street No. Mason's Home Registered No. 5354
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 2 yrs. 7 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Franklin Kincaid,
 (a) Residence, No. 5351 Delmar Blvd. St. 12
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Un Known
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 - 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 1 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saboner
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Washington,
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME James Andrew Kincaid,
 14. BIRTHPLACE (CITY OR TOWN) White Sulphur Spring,
 (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary R. McCallister,
 16. BIRTHPLACE (CITY OR TOWN) Washington,
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Helmut Valley
5351 Delmar, St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clair Mo DATE 6-14-38

19. FUNERAL DIRECTOR (ADDRESS) Wm Casey & Co
St. Clair Mo.

20. FILED JUN 13 1938 J. F. Brueck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1938,

22. I HEREBY CERTIFY, That I attended deceased from Nov: 11, 1935 to June 13, 1938, 19...
 I last saw him alive on June 12, 1938 Death is said to have occurred on the date stated above, at 1.50 A. M. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 3 Wks

Other contributory causes of importance: Hypertension 2 yrs

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19...
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____ M. D.
 (Signed) Dolow Cameron
 (Address) 508 N. Grand Blvd.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Howard F. Rowland

Licensed Embalmer No.

3114

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.)