

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town St. Robert, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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

8. (a) PRINT FULL NAME Steve Pinkston  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Holacher 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years about 65 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cape Girardeau Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Sadraeh Pinkston  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy King  
15. Birthplace Cape Girardeau Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John P. King  
(b) Address Jackson Mo

17. (a) Burial (b) Date thereof Jan 12, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Bethel Chrch

18. (a) Signature of funeral director Mache Wilson-Stella  
(b) Address Jackson Mo 1-4

19. (a) 1-12-40 (b) H. J. Schorn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Girardeau  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11<sup>th</sup>  
year 1948 hour 8 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Jan 9<sup>th</sup>  
\_\_\_\_\_ 1948 to Jan 11 1948  
that I last saw h. in alive on Jan 9 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature D. G. Libert (M. D. or other) MD  
Address Jackson Mo Date signed 11-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

Licensed Embalmer No.....

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, above space should be left blank.**