S. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 18 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 30263

Registrar's No. 7602

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

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 dyas (Specify whether years, months or days)

In this community ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 18 12
(If outside city or town limits, write "RURAL")

(d) Street No. 2904 Rear Laclede 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Will Kinnon

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male

5. Color or race C

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary Armor

6. (c) Age of husband or wife if alive years

7. Birth date of deceased nov. (Month) 14 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	10	3	hr. min.

9. Birthplace Franklin (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Junker

11. Industry or business Junk

FATHER
12. Name Taylor Kinnon
13. Birthplace Franklin (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Marie Kinnon
15. Birthplace Franklin (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Lee Kinnon
(b) Address 12 South Ewing

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director O. W. Holmes
(b) Address 2829 Washington Ave

19. (a) 11/21 (Date received local registrar) (b) J. L. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1941 hour 9:50 minute A M.

21. I hereby certify that I attended the deceased from Sept 13, 1941, to Sept 17, 1941; that I last saw him alive on Sept 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility - arteriosclerosis	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other) 0
Address 2601 N Whittier Date signed 9-17-41

(Licensed Embalmer's Statement on Reverse Side)

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 Oliver Wendell Holmes

Licensed Embalmer No. 4190

P. O. Address 2829 Washington St

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.