

FILED MAR 31 1942

Registration District No. 87

Primary Registration District No. 2D

Registrar's No. 570

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

1. PLACE OF DEATH:

(a) County. St. Louis

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

(c) Name of hospital or institution: 6907 EDISON  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. St. Louis

(c) City or town. NORMANDY  
(If outside city or town limits, write "RURAL")

(d) Street No. 6907 EDISON  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME. HENRY PINS

3. (b) If veteran, name war. NO NO

3. (c) Social Security No. NO NP

4. Sex. MALE

5. Color or race. White

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

6. (b) Name of husband or wife. MARY

6. (c) Age of husband or wife if alive. 67 years

7. Birth date of deceased. MAY 26 1865  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>9</u>	<u>13</u>	hr. min.

9. Birthplace. St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation. LAMP MAKER

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

MOTHER FATHER

12. Name. FRANK PINS

13. Birthplace. GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name. H. K.

15. Birthplace. H. K.  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mary Pins

(b) Address. 6907 Edison

17. (a) BURIAL (b) Date thereof. 3-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. CALVARY

18. (a) Signature of funeral director. Cullen Kelly

19. (a) MAR 12 1942 (b) J. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. March day. 11th  
year. 1942 hour. 12.50 minute. 10 P. M.

21. I hereby certify that I attended the deceased from March 1938 to March 11 1942  
that I last saw him alive on March 11 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary occlusion

Due to. Coronary thrombosis

Due to. arterio sclerosis

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

8 days

2 years

5 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations. None

Of autopsy. \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). no

(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)

(e) Means of injury. \_\_\_\_\_

23. Signature. J. M. Brown (M. D. or other) \_\_\_\_\_  
Address. 2867 - uncorred Date signed. 3/12/42

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

*Clement McNeuf*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.