. S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38065

DEC 10 1942

Registration District No. 784 Primary Registration District No. 500 Registrar's No. 2410

1. PLACE OF DEATH:

(a) County St.Louis
(b) City or town Normandy, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mother of Good Counsel Home 5
(If not in hospital or institution, write street number or location)
6825 Natural Bridge Rd.
(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St.Louis 0
(c) City or town Normandy 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3721 Melba Pl.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary A. Kinyon

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White 1
6. (a) Single, widowed, married, divorced widow 2
6. (b) Name of husband or wife Lon Kinyon
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 28 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 20 If less than one day hr. min.

9. Birthplace St.Charles Co. Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business

FATHER
12. Name John Rollings
13. Birthplace Maryland 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fannie Lindsey
15. Birthplace St.Charles Co. Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Ralph R. Kinyon
(b) Address 313 Altus Pl. Kirkwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-'42. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.
18. (a) Signature of funeral director Louis H. Bopp. Inc.
(b) Address Kirkwood, Mo.
19. (a) NOV 18 1942 (Date received local registrar) (b) C. G. McGarrage Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17
year 1942 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 1942 to November 17, 1942
that I last saw her alive on November 12, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr.Cardia-Vascular-Renal Disease	?
Senile type.	?
Due to Chr.Hypertension.Chr.Myo Carditis.	?
Chr.Int.Nephritis.Chr.Arterio Sclerosis.	?
Due to Secondary: Cerrebral Apoplexy -	2 years
Second stroke in October 1942.Hemiplegia	
Other conditions Bi-lateral. Obesity-Myo-Cardial	
(Include pregnancy within 3 months of death) Pulmonary congestion.Senile type.	
Major findings Died in Home of the Incurables.	
Of operations	
Of autopsy no	

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

13 1a

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(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 [signature] (M. D. or other)
Address 3718 Jennings Rd Date signed 11/17/42

(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.....

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, fact should be so stated above.