

No. 2
1-4-41
1-17-41
X-26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

441

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **792**

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
4259a Kennersley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 3 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County 17

(c) City or town St Louis
(If outside city or town limits, write "RURAL") **9 11**

(d) Street No. 4259a Kennersley
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Phillis Kinney

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23
year 43 hour 10:30 minute _____ M.

21. I hereby certify that I attended the deceased from 1/20/43
1943 to 1/23, 1943

that I last saw her alive on 1/23, 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan 5 1899
(Month) (Day) (Year)

Immediate cause of death Pneumonia
11 days

Duration _____

8. AGE: Years 44 Months 0 Days 18
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Winona (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Housework

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Shepard Hill

13. Birthplace Winona (City, town, or county) Miss 1 (State or foreign country)

14. Maiden name unk

15. Birthplace unk (City, town, or county) unk 9 (State or foreign country)

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 _____

16. (a) Informant Adeline Ford

(b) Address 4259a Kennersley ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Winona Miss

18. (a) Signature of funeral director J. H. Kandle & Son

(b) Address 3133 Bazel ave

23. Signature Vernon C Payne (M. D. or other) _____

Address 3146 a Boulevard Date signed 1/25/43

19. (a) JAN 26 1943 (Date received local registrar)

(b) J. F. Bredeck (Registrar's signature)

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

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.....

Arthur L. Hilliard

Licensed Embalmer No. *4221*

P. O. Address *4219 E. Garfield*

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.