. S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1943

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16294

Registrar's No. 4350

1. PLACE OF DEATH: 18

(a) County

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

(c) Name of hospital or institution:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 922
(If outside city or town limits, write "RURAL")

(d) Street No. 1830 Papin
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sim Kinsey

3. (b) If veteran, name war *

3. (c) Social Security No. 489-07-6412

4. Sex Male

5. Color or race col 2

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb 11th 1880 (Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days ~~28~~ 27 If less than one day hr. min.

9. Birthplace Kenston (City, town, or county) N.C 1 (State or foreign country)

10. Usual occupation labor

11. Industry or business

MOTHER FATHER

12. Name Foster Kinsey

13. Birthplace Kenston (City, town, or county) N.C 1 (State or foreign country)

14. Maiden name Mary Kounce

15. Birthplace Kenston (City, town, or county) N.C 1 (State or foreign country)

16. (a) Informant Annie Kinsey

(b) Address 1830 Papin Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-14-43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetry

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

(b) Address 3133 Bell Avenue

19. (a) MAY 10 1943 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8, year 1943 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 3, 1943, to May 8, 1943; that I last saw him alive on May 8, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterial Hypertension	Unknown
Cerebral Hemorrhage	1 week
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 S. E. Smith (M. D. or other)

Address 801 Whittier Date signed 5/14/43

(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 S. J. Watson

Licensed Embalmer No. 2498

P. O. Address 2769 Chouteau

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.