

5. No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

19759

State File No.

Registrar's No.

5418

ED JUN 19 1943 318

Primary Registration District No.

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:
Em male city Hosp #1 B3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9 10
(d) Street No. 4215 Prairie Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles J. Kincaid

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Kincaid nee Collis 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 14 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 28 hr. min.

9. Birthplace Unknown Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance man

11. Industry or business _____

12. Name John Kincaid

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

14. Maiden name Unknown

15. Birthplace Unknown Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl M. Kincaid

(b) Address 4215 Prairie Ave

17. (a) Burial (b) Date thereof 6/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 7 4 1943 (b) J. F. Bralock
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th
year 1943 hour 10:00 AM minute 4

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Subdural hemorrhage of brain when he was struck with the foot of one William Weber and knocked to a lumber pile and then to the floor at the White Rodgers Electric Co. 1201 Cass Ave, about 9:55 AM, June 11, 1943

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

Major findings: Of operations 168

Of autopsy 16

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

(a) Accident, suicide, or homicide (specify) Homicidal

(b) Date of occurrence 6/11/43

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry struck with

While at work? Yes (Specify type of place) _____

23. Signature Dr. Fred J. Perry (M.D. or other) _____

Date signed 6/17/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FATHER {
MOTHER {

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

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.