

Registration District No. **NOV 29 1943**

Primary Registration District No. **1003**

Registrar's No. **10021**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3909-A Shenandoah Ave.
(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..... **Missouri.** (b) County.....
(c) City or town..... **Saint Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3909-A Shenandoah Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Alice Mead Kincannon**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, widowed. **2 divorced. Widowed.**

6. (b) Name of husband or wife..... **? Kincannon** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **July 24th, 1854.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 3 19 hr.min.

9. Birthplace **New York** **New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER
12. Name..... **Unknown**
13. Birthplace..... **Unknown** **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Charles Cohen**
(b) Address..... **3909-A Shenandoah Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 17-1943.**
(Month) (Day) (Year)
(c) Place: burial or cremation..... **New St. Marcus Cemetery.**

18. (a) Signature of funeral director..... **Riegenheim Bros.**
(b) Address..... **6409 Gravois Ave.**

19. (a) **NOV 16 1943** (Date received local registrar) **J. F. Busch** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **13th,**
year **1943.** hour **6** minute **5 P.** M.

21. I hereby certify that I attended the deceased from **now**
1 **1943** to **Nov 13, 1943**
that I last saw **now** alive on **Nov 12, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Due to..... **Lobar Pneumonia**

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?

While at work?..... (Specify type of place)
(c) Means of injury.....
23. Signature..... **Charles Cohen** (M. D. or other)
Address..... **3707 Gravois** Date signed **11/13**

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..... *V E Morris*

Licensed Embalmer No. *3360*

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.