

FILED JUL 24 1944
Registration District No. 37

Primary Registration District No. 6076

1501

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2121 Switzer Avenue
(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:

Mo. St. Louis 96
(a) State _____ (b) County _____
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 2121 Switzer Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles S. Kinamore

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

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

6. (b) Name of husband or wife Elizabeth Kinamore
6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb. 27 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>7</u>	<u>3</u>	hr. _____ min.

9. Birthplace Sweedberg Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Broker

11. Industry or business Own

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. E. M. Kinamore (Wife)

(b) Address 2121 Switzer Avenue

17. (a) Burial (b) Date thereof 7/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (e) Signature of funeral director Mark Terno

(b) Address 6100 W. Florissant

19. (a) JUL 14 1944 (b) E. J. McLaughlin, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1944 hour 8 minute 16 A.M.

21. I hereby certify that I attended the deceased from June 11,
1944 to July 10, 1944;
that I last saw him alive on July 10, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Myo-Carditis
Angina Pectoris
Duration 1 mo.
1 mo.

Due to _____

Due to _____

Other conditions 9321
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy No

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

(c) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence As stated

(c) Where did injury occur? Illness.
(City or town) (County) (State)

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

While at work? as stated (Specify type of place) (e) Means of injury _____

Signature D. J. McLaughlin (M. D. or other)

Address 3718 Jennings Rd. Date signed 7/11/44

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

7600

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 Mark Trieman

Licensed Embalmer No. 4174

P. O. Address 6100 W. Florissant

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.