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35260

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED NOV 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2243

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ballwin, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Pine Crest Homes of Aged 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Mo 14 days  
(Specify whether  
In this community Yes  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0000  
(c) City or town St. Louis 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6251 Jan Bonita 7  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Skinker, Thomas Julius

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

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced ? 9

6. (b) Name of husband or wife Minnie Rose  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 6 13 1849  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
95 4 20 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name T. J. Skinker

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

14. Maiden name Anna Hite

15. Birthplace Virginia 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Homes

(b) Address Ballwin, Mo.

17. (a) Cremation (b) Date thereof 11-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director James H. Bygg - Clerk

(b) Address Kirkwood, Mo. P.O. #

19. (a) NOV 1 1944 (b) E. J. McLawrence MD  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 1  
year 1944 hour 7 minute 25 p. M.

21. I hereby certify that I attended the deceased from Aug 2nd  
2nd 1944 to Nov 1st 1944  
that I last saw him alive on Nov 1st 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_  
Due to 93a1

Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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)  
(e) Means of injury 0

3. Signature R. M. Jensen (M. D. or other) \_\_\_\_\_  
Address Manchester, Mo Date signed 11/2/44

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

600

**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.....

Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl.,  
Maplewood, N.J.

**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.**