

FILED JAN 31 1945

318

Registration District No.

1003

State File No.

Registrar's No.

466

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4700 Thrush 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 Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4700 Thrush Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MAN  
17  
7-9

3. (a) PRINT FULL NAME William L Pincott

3. (b) If veteran, name war \_\_\_\_\_ 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 Roberta Pincott 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased Oct. 23 1893  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>2</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Reed Auto Co.

12. Name William Pincott

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

14. Maiden name Jane Webb

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

16. (a) Informant Roberta Pincott

(b) Address 4700 Thrush Ave.

17. (a) Burial (b) Date thereof 1-18-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JAN 16 1945 (b) J. J. Budeck  
(Date received local printer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15  
year 1945 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-12, 1945 to 1-15, 1945  
that I last saw h. IM alive on 1-15 and that death occurred on the date and hour stated above.

Immediate cause of death Acute NEPHRITIS  
Due to Cirrhosis of liver (alcoholic) ? 3-5 yrs.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 124

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) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Olson (M. D. or other) D.O.  
Address 4981a Thrush Date signed 1-16-45

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

MOTHER FATHER

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**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..... *Albert R. Thompson Jr* .....

Licensed Embalmer No. *4237* .....

P. O. Address. *St. Louis* .....

**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.**