

S. No. 2  
OM-543  
v. 5-17-39  
X3667

FILED JAN 21 1946  
318

State File No. \_\_\_\_\_  
Registrar's No. 118

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
Enroute to St. Johns Hospital 3  
 (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 St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7102 Alabama ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clifford E. Pinney  
 3. (b) If veteran, name war No.  
 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 Lillie  
 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased January 19 1884  
 (Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 15  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Maintenance Man

11. Industry or business Laclede Gas Co.

12. Name Edward Pinney

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

14. Maiden name Carolina Hanish

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

16. (a) Informant Lillie Pinney

(b) Address 7102 Alabama ave.

17. (a) Burial (b) Date thereof Jan. 7, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) JAN 5 1946 (b) J. F. Medsker  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4  
 year 1946 hour 7 minute 30 M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration \_\_\_\_\_  
Coronary Arteriosclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
 1. Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury 3  
 23. Signature Thomas C. Taylor (M. D. or other)  
 Address \_\_\_\_\_ Date signed 1/5/46

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

MOTHER FATHER

*Answer*

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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..... *Harry J. Schumacher* .....  
Licensed Embalmer No. *2679* .....  
P. O. Address *7814 S. Broadway* .....

**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.**