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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14898

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3344

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Anthony's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS (Specify whether)

In this community 23 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17 17

(d) Street No. 4137a CASTLEMAN (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME Emma Belle Kinnard

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

6. (b) Name of husband or wife JOHN L. KINNARD 6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY (Month) 12 (Day) 1868 (Year)

8. AGE: Years 77 Months 10 Days 28 If less than one day hr. min.

9. Birthplace POPE COUNTY (City, town, or county) ILL. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER 12. Name CHARLES LEWIS TOOLEY

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

MOTHER 14. Maiden name MARTHA TUCKER

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

16. (a) Informant BERNICE SCHOTTMUELLER

(b) Address 4161 CASTLEMAN

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APR. 12-1946 (Month) (Day) (Year)

(c) Place: burial or cremation EDDYVILLE, ILLINOIS

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette A. St. Louis, Mo.

19. (a) APR 11 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10, 1946 year 1946 hour minute 430p M.

21. I hereby certify that I attended the deceased from March 5, 1946 to April 10 1946 that I last saw her alive on Apr. 10, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis,	
Due to: General Sclerosis,	
Due to: Thrombosis and amputation of	
Other conditions: Left leg. (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm. R. Nye (M. D. or other) M.D.

Address 2931 Gravois Date signed 4/11/46

(Licensed Embalmer's Statement on Reverse Side)

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 Charles W. Cooper

Licensed Embalmer No. 3820

P. O. Address 2301 Lafayette

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.