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M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15197**

FILED APR 18 1946

Registration District No. **318** Primary Registration District No. **1903** Registrar's No. **3320**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
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. **4961 Laclede**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Charles H. Shinkle**
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **10th**
year **1946** hour **6:30** minute **A.** M.
21. I hereby certify that I attended the deceased from
April 8, 1946, to **April 10**, 1946,
that I last saw him alive on **April 10**, 1946,
and that death occurred on the date and hour stated above.

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife.....
Susan Shinkle
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: **April 5, 1863**
(Month) (Day) (Year)

Immediate cause of death.....
Acute congestive heart failure
Due to.....
Degenerative heart disease
Due to.....
Other conditions.....
Mediastinal new growth - Carcinoma
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
83 **0** **5** hr. min.

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

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

10. Usual occupation.....
Nil

11. Industry or business.....

12. Name.....
Shinkle

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

14. Maiden name.....
Unknown

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

16. (a) Informant **Irene Dougherty**
(b) Address **4961 Laclede**

17. (a) Signature of funeral director **Edith E. Ambruster**
24234 Manchester
(b) Address

18. (a) **APR 10 1946** (b) **J. J. Bredeek**
(Date received local registrar) (Registrar's signature)

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?
.....

23. Signature **James R. Glasscock** (M. D. or other)
While at work?..... (Specify type of place) (e) Means of injury.....
Address **Mo. Pacific Hosp. St. Louis** Date signed **4-10-46**

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.....

Florine Eymak

Licensed Embalmer No.....

1284

P. O. Address.....

St Louis Mo

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.