S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

17929

State File No. 17929

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 1015

**1. PLACE OF DEATH:**
(a) County St Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #6 Hill Crest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

**2. USUAL RESIDENCE OF DECEASED:**
(a) State MO (b) County St Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. #6 Hill Crest
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Joseph N Kinyon
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex Males
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Kinyon
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June (Month) 15 (Day) 1872 (Year)

8. AGE: Years 73 Months 10 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Nashville (City, town, or county) Ills. (State or foreign country)
10. Usual occupation Retired
11. Industry or business ____

FATHER
12. Name Andrew Kinyon
13. Birthplace Elton (City, town, or county) Ills. (State or foreign country)

MOTHER
14. Maiden name Mary Cady
15. Birthplace Ills. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Donwath
(b) Address 145 W Adams
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem
18. (a) Signature of funeral director Louis H Bopp Inc
(b) Address Kirkwood Mo
19. (a) 5-16-46 (Date received local registrar) (b) E. D. McDavan M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 8 year 1946 hour 1 minute 10 P M.
21. I hereby certify that I attended the deceased from May 1, 1946 to May 8, 1946 that I last saw him alive on May 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 1 day
Due to ____
Due to ____
Other conditions Hypertension (Include pregnancy within 3 months of death) — 3 yrs

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 C E Barnett (M. D. or coroner)
Address 243 W Jefferson Kirkwood Mo Date signed 5-9-46

(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.....

Licensed Embalmer No. 4343

P. O. Address.....

**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.**