S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25728

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6989

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: Homer G Phillips (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 30 yrs

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. 1402 N Taylor (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Penceola Kincaide
3. (b) If veteran, name war Yes
3. (c) Social Security No. 491-16-5341
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rohelia Kincaide
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased September 24 1894 (Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Zazoo, Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Rohelia Kincaide
(b) Address 1402 a.N.Taylor Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 N. Taylor Ave.
19. (a) JUL 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1947 hour 4 minute P M.
21. I hereby certify that I attended the deceased from July 22, 1947, to July 26, 1947 that I last saw him alive on July 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio-Sclerosis, Generalized	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As Above	

PHYSICIAN — Underline the cause of 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 O. L. Daniels (M. D.)
Address 2601 N Whittier Date signed 7-28-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 28 1968

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 Fulton E. Culkin

Licensed Embalmer No. 1198

P. O. Address St. Louis 13 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.