. S. No. 2
)M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36694

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 2306

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Gardenville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Miller Nursing Home 4 (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: Missouri (b) County: Iron 47
(c) City or town: Ironton 1 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Elvira Pinkley
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: Jacob Pinkley
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: January (Month) 4 (Day) 1872 (Year)

8. AGE: Years 75 | Months 9 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Hogan (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....

MOTHER FATHER
12. Name: Wesley Sherrill
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name: Martha Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Paul Gibbons 1
(b) Address: 532 Hentschel, Kirkwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ironton, Mo.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) 11-4-47 (Date received local registrar) (b) Cecil J. Harpole MD PhC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2 year 1947 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct. 20th, 1947 to Death, 1947; that I last saw her alive on Nov. 1st, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio Renal Disease	1 wk.
Due to: 1310	
Due to:	

Other conditions: Chronic Arteriosclerosis 1 yr
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

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: W. V. Walters M.D. (M.D. or other)
Address: 3608 S. Grand Blvd., Date signed 11/3/47

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

NOV 18 1941

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.