V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43404

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11285

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

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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 7720a Fordey 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Henry Pinkney

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb 4 (Month) ~~[illegible]~~ (Day) 1886 (Year)

8. AGE: Years 59 ~~27~~ Months 10 ~~9~~ Days 19 ~~17~~ If less than one day hr. min.

9. Birthplace ~~[illegible]~~ St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name ~~Jegf Pinkney~~ ~~[illegible]~~
13. Birthplace ~~Mixxx~~ Unk 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~[illegible]~~ Unk
15. Birthplace Unk ~~Mixxx~~ 9
(City, town, or county) (State or foreign country)

16. (a) Informant ~~[illegible]~~ Effie Pinkney
(b) Address 7720 Forday ~~[illegible]~~

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/47 (Month) (Day) (Year)

(c) Place: burial or cremation East Stoma Sel. Booker Washington

18. (a) Signature of funeral director [signature]
(b) Address 3515 Laclede Ave

19. (a) DEC 26 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1947 hour 9 minute 40 P M.

21. I hereby certify that I attended the deceased from Dec. 15, 1947 to Dec. 21, 1947
that I last saw him alive on Dec. 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach — Duration Undet.

Due to

Due to

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

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 Oscar J Daniello (M. D. or other)

Address 2601 N Whittier Date signed 12/22/47

Jefferson City Printing Co.

(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 Jesse E. Hund Registered Apprentice No. 574, working under my personal supervision.

Signed P. M. Green

Licensed Embalmer No. 1173

P. O. Address P. M. Green
1318 E. Midway E. St. Louis

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.