FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 8 1948

Registration District No. 3717

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 338

Registrar's No. 338

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 96
(c) City or town: Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 2016 Berkley Avenue 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: Alex Kinder
3. (b) If veteran, name war: None
3. (c) Social Security No.: ---
4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 25 (Day) 1875 (Year)

8. AGE: Years 72 | Months 1 | Days 28 | If less than one day: hr. min.
9. Birthplace: Frederick Town (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Porter
11. Industry or business: ------
12. Name (FATHER): Unknown 9
13. Birthplace (FATHER): Unknown (City, town, or county) Unknown (State or foreign country) 1
14. Maiden name (MOTHER): Unknown
15. Birthplace (MOTHER): Unknown (City, town, or county) Unknown (State or foreign country) 1
16. (a) Informant: Alex V. Kender
(b) Address: 434 so. Saginew Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: Lee J. Sneed
(b) Address: 3615-17 Easton Avenue
19. (a) 2-26-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febuary day 22 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from Sept. 25, 1947 to Feby. Febr 17, 1948 that I last saw him alive on Febr 17, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Larynx.	14 mths.
Due to:	
Due to: 470	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operation: Tracheotomy for relief of obstruction by carcinoma.
Of autopsy:

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: (M. D. or other)
Address: 601 S. Brentwood Date signed 2/26/48
Clayton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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

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 Leroy U. Bannister, Registered Apprentice No. 405 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.