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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. 14891

FILED MAY 15 1948

Registration District No. 3487

Primary Registration District No. 3069

Registrar's No. 1131

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~St. Louis, Mo.~~ Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County [redacted]

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

(d) Street No. 4323 Darby Ave.
(If rural, give location)

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

If yes, name country —

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3. (a) PRINT FULL NAME Hattie Kincaid

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Peter Kincaid

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

7. Birth date of deceased September (Month) 18 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
64 ~~65~~	7	16	hr. min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Jess Berry
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Jane Steen
15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eileen Love
(b) Address 7209 St. Andrews Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 7 48 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Hill

18. (a) Signature of funeral director Pete Gardner
(b) Address 250 Lebanon Ave. Belleville

19. (a) 5-3-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3-48
year hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from Apr 18 1948 to May 3 1948
that I last saw her alive on May 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to anterior
Due to Arterio-Sclerosis
94 a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

Duration

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 [signature] (M.D. ~~or other~~)
Address Carleton Bldg Date signed 5-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1949

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 not Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed Phil Ogden

Licensed Embalmer No. 9091

P. O. Address 250 Lebanon Ave Belleville

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.