No. 2
-1/47
-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. 17725

FILED MAY 20 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4476

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14yrs.6mos.12ds. (Specify whether years, months or days)
In this community Life

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. 5400 Arsenal (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GERTRUDE KINNER
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 22 (Day) 1870 (Year)

8. AGE: Years 78 | Months 0 | Days 19 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Eugene Kinner
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Augusta Burgan
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Cremetory
18. (a) Signature of funeral director Witt Bros. L. & U. Co.
(b) Address 2929 S. Jefferson Ave.
19. (c) MAY 13 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 11 year 1948 hour 5.15 minute P M.
21. I hereby certify that I attended the deceased from May 1, 1941, to May 11, 1948, that I last saw her alive on May 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Vascular Accident	3 hrs
Left side hemiplegia	
Due to	
Due to	
Other conditions (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 Anthony K. Bunch, (M. D. or other)
Address 5400 Arsenal St Date signed 5/12/48

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 _____ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed D. M. Adams

Licensed Embalmer No. 3741

P. O. Address 2929 so Jefferson av

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.