S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

318 1003

State File No. 17934

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4437

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois 94
(c) City or town Bismarck 6
(If outside city or town limits, write "RURAL")
(d) Street No. NR 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME PINKLEY, NANCY ELIZ.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife John Pinkley
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April (Month) 14 (Day) 1894 (Year)

8. AGE: Years 54 Months 0 Days 25 If less than one day ..... hr. ..... min.
9. Birthplace Unknown (City, town, or county) Unknown O (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
MOTHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
FATHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Henry Pinkley
(b) Address 1127 North Park Place.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bismarck, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) MAY 11 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 9 year 1948 hour 8 minute 40 P.M.
21. I hereby certify that I attended the deceased from Apr 27, 1948, to 9 May, 1948 that I last saw her alive on 9 May, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death UREMIA	2 wks
Due to HYPERTENSION	
Due to Glomerulo nephrosclerosis	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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 O
23. Signature Marvin D. Russell (M. D. or other)
Address 1755 S Grand Date signed 5-10-48

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

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.