

FILED JUL 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21228

6098

Registrar's No.

1. PLACE OF DEATH:

- (a) County..... St. Louis
- (b) City or town..... St. Louis
(If outside city or town limits, write RURAL and name of township)
- Worshiper Baptist Hosp
(If not in hospital or institution, write street number of location)
- (d) Length of stay: In hospital or institution..... (Specify whether

In this community.....
years, months or daysName of deceased..... Charles Russell Pinnell3. (b) If veteran, name war..... 490-037666 3. (c) Social Security No.Sex..... male 5. Color..... Wh (a) Marital status..... married
divorced6. (b) Name of husband or wife..... Mary 6. (c) Age of husband or wife if
alive..... 40 years7. Birth date of deceased..... August 5 1904
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
43 11 3 hr. min.9. Birthplace..... Cuba Mo.
(City, town, or county) (State or foreign country)10. Usual occupation..... Salesman11. Employer or business..... Brown Supply Co12. Name..... Charles Pinnell13. Birthplace..... Mo.
(City, town, or county) (State or foreign country)14. Maiden name..... Sadie Pinnell15. Birthplace..... Mo.
(City, town, or county) (State or foreign country)16. (a) Informant..... Mary Pinnell(b) Address..... 4522 N. Ringel Highway17. (a) (Burial, cremation, or removal)..... Burial (b) Date of death..... 7-12-48(c) Place: burial or cremation..... Calvary B. C.18. (a) Signature of funeral director..... James F. Stark(b) Address..... 1225 Union Blvd.19. (a) JUL 15 1948 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... Mo (b) County..... 000
- (c) City or town..... St. Louis
(If outside city or town limits, write RURAL)
- (d) Street No..... 4522 N. Ringel Highway
(If rural, give location)
- (e) Citizen of foreign country?..... (Yes or No)
- If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... July day..... 8
year..... 1948 hour..... 11:10 minute..... A.M.21. I hereby certify that I attended the deceased from..... July 47
to..... 7/8/48, 1948, to..... 7/7/48, 1948;
that I last saw him alive on..... 7/7/48, 1948;
and that death occurred on the date and hour stated above.Immediate cause of death..... myocardial failureDue to..... Chronic of the heartDue to..... Chronic of the heartOther conditions..... 1/2 lit
(Include pregnancy within 3 months of death)

Major findings:.....

Of operations.....

Of autopsy..... Chronic of heart

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)23. Signature..... Hugh Hayes (M. D. or other)Address..... 3722 Washington Ave Date signed..... 7/9/48

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

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

MOTHER FATHER

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.....

Grant J. Myland

Licensed Embalmer No.....

2675

P. O. Address.....

St Louis Mo

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.