

FILED NOV 6 1948 318

Registration District No. 318 Primary Registration District No. 1003

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Norman Kinsman

3. (b) If veteran, name war 1st. World War 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara (nee) Stanford 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased January 2, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 9 21 hr. min.

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

10. Usual occupation Retail Monument Dealer

11. Industry or business

12. Name Thomas Kinsman
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jane Nicol
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Kinsman

(b) Address 3351 Oxford

17. (a) Burial (b) Date thereof 10-25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Rd.

19. (a) OCT 25 1948 J. B. Lester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3351 Oxford Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1948 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from 10-18- 1948, to 10-23 1948,
that I last saw him alive on 10-23 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 1 week
Due to Rheumatic Heart disease
Aortic & Mitral disease
Due to Auto

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy confined diagnosis

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Julius J. ... (M. D. or other) M.D.
Address 3726 Wadsworth, Bur Date signed 10/25/48

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

MOTHER FATHER

SECRET

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.