

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 6647

FILED AUG 5 1949

310

PRIMARY REG. DIST. NO.

1003

Registrar's No.

6647

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

|   |                           |   |   |
|---|---------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Missouri<br>b. COUNTY   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>City St. Louis  |                           | c. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Infirmary Hospital.  |                           | d. STREET ADDRESS (If rural, give location)<br>2150a Harris Ave.  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br>Laura<br>b. (Middle)<br>May<br>c. (Last)<br>Kinkead.  |                           | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>7 - 29 - 1949   |   |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Never married   | 8. DATE OF BIRTH<br>Sept. 3, 1868                           |
| 9. AGE (In years last birthday)<br>80   |                           | 10. MONTHS<br>10  | 11. DAYS<br>26  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Saleswoman   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Barrett-Henrich  | 11. BIRTHPLACE (State or foreign country)<br>St. Louis, Mo. |
| 12. CITIZEN OF WHAT COUNTRY?<br>USA   |                           | 13a. FATHER'S NAME<br>Thomas J. Kinkead   |   |
| 13b. MOTHER'S MAIDEN NAME<br>May B. Bullard   |                           | 14. NAME OF HUSBAND OR WIFE   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |                           | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT'S SIGNATURE OR NAME<br>Mary E. Kinkead  |                           | ADDRESS<br>Kirkwood, Mo.  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral thrombosis (Right middle cerebral)</u><br>DUE TO (c) <u>Arteriosclerosis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                           | INTERVAL BETWEEN ONSET AND DEATH<br>2 weeks<br>7 mo.  |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>97<br>4570   |                           | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |   |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 21f. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from 1-18, 1949 to 7-29, 1949 that I last saw the deceased alive on 7-29-49, 1949, and that death occurred at 3:20 a.m., from the causes and on the date stated above.        |                           |   |   |
| 23a. SIGNATURE<br>Masao Okamoto M.D.  |                           | 23b. ADDRESS<br>5800 Arsenal  |   |
| 23c. DATE SIGNED<br>7/29/49   |                           | 23d. LOCATION (City, town, or county) (State)   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 24b. DATE<br>8/1/49   |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br>Bellefontaine Cemetery  |                           | 24d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo.   |   |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br>7-31-49 J. B. Deater   |                           | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Louis H. Bopp, Inc.   |   |
| ADDRESS<br>Kirkwood, Mo.  |                           | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Louis H. Bopp, Inc.   |   |

AUG 1 1949

(Licensed Embalmer's Statement on Reverse Side)

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

6647

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Felix Bunsand*

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood 227*

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.