

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35477**
Registrar's No. **8656**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place) 16 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hosp. #1.		d. STREET ADDRESS (If rural, give location) 3117 So. Broadway	
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		c. (Last) PINKSTON	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) Oct 7 1949	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 2-4-'16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pickler		10b. KIND OF BUSINESS OR INDUSTRY Metal Industry	9. AGE (in years last birthday) 33
11. BIRTHPLACE (State or foreign country) Desloge Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Wm. P. Pinkston		13b. MOTHER'S MAIDEN NAME Jennie Hinkle	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	
16. SOCIAL SECURITY NO. WW #2		17. INFORMANT'S SIGNATURE OR NAME Rhoda Godat ADDRESS 3117 So. Broadway	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) Coronary Occlusion		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Coronary Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS 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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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) 9H-a
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201

22. I hereby certify that I attended the deceased from 4 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:32 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE Patrick E. Taylor (Degree or title) Car. 2	23b. ADDRESS 1500 Clark	23c. DATE SIGNED 10-7-49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-10-49	24c. NAME OF CEMETERY OR CREMATORY National
24d. LOCATION (City, town, or county) (State) Jeff. Bks. Mo.		

DATE REC'D BY LOCAL REG. OCT 7 1949	REGISTRAR'S SIGNATURE J.B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE Allen W. McLaughlin ADDRESS 2301 Lafayette
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Coroner

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 _____

H. P. Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.