

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2903
 State File No. _____
 Registrar's No. 148

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 148	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. LENGTH OF STAY (in this place) years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2129 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Res: 5102 Westminster Plc.,				d. STREET ADDRESS (If rural, give location) 17 5102 Westminster Plc.,			
3. NAME OF DECEASED (Type or Print) a. (First) CLAUDE			b. (Middle) JANUARY		c. (Last) PINTARD.		4. DATE OF DEATH (Month) (Day) (Year) Jan'y 5, 1950.
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed..		8. DATE OF BIRTH November 8, 1859.		9. AGE (In years last birthday) 90.	IF UNDER 1 YEAR Months 1. Days 27.
IF UNDER 1 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mngr of Diamond Match Company..		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rodney, Mississippi. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Claude Pintard.			13b. MOTHER'S MAIDEN NAME Frances January.		14. NAME OF HUSBAND OR WIFE Laura Hyatt Pintard.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. no.		16. SOCIAL SECURITY NO. none.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Marie P. Curry, 5102 Westminster Plc.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction Myocardium ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis (Coronary Scler.) years DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis			
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? A201			
22. I hereby certify that I attended the deceased from 4/29 , 19 42 , to 1/5 , 19 50 , that I last saw the deceased alive on 1/5 , 19 50 , and that death occurred at 5:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ray David Williams M.D.			23b. ADDRESS 114 W Taylor St. Louis		23c. DATE SIGNED 1-6-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial..		24b. DATE 1/7/50.	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 6 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Bl'vd.,			

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

Dr Ray D. Williams.
114 N. Taylor Ave.,
JE: 8600.
1 4. P.M.

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

Clarence A. Murray

Licensed Embalmer No. 4011

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.