

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6610  
State File No. 1591

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (in this place) <b>3 days</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthonys Hospital</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  d. STREET ADDRESS (If rural, give location) <b>2605 Eads Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>KATHERINE</b> b. (Middle)  c. (Last) <b>PINKLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 15-1950</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>		8. DATE OF BIRTH <b>Oct. 16-1899</b>		9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Disson, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>	
13a. FATHER'S NAME <b>Ernst Withoelter</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Beckmas</b>		14. NAME OF HUSBAND OR WIFE <b>Ashley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ashley Pinkley 2605 Eads Avenue</b>			
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) <b>Carcinoma of Cervix</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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	
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) <b>171X</b>			
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 <b>1-10-</b> 1950, to <b>2-15-</b> 1950, that I last saw the deceased alive on <b>2-15-</b> 1950, and that death occurred at <b>2 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b> (Degree or title)				23b. ADDRESS <b>905 Madison</b>		23c. DATE SIGNED <b>2-16-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>2-18-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington, Missouri</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>FEB 17 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin Funeral Home 2301 Lafayette</b>			

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

water

7-239  
0

Dr. C.F. Kloeppel  
905 Morrison Avenue  
Ga. 2645

Sat 10 to 12 AM

**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 James R. Chapman

Licensed Embalmer No. 4550

P. O. Address Wichita Kansas

**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.