

FILED APR 27 1950

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15407

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 968

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester
c. LENGTH OF STAY (In this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address and location) Pine Crest Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester
d. STREET ADDRESS (If rural, give location) Pine Crest Nursing Home # 2

3. NAME OF DECEASED
a. (First) Mary b. (Middle) _____ c. (Last) Kinkeade
4. DATE OF DEATH (Month) (Day) (Year) 4-13-50

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Aug. 26 1865 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 10b. KIND OF BUSINESS OR INDUSTRY At home 11. BIRTHPLACE (State or foreign country) Mar's County, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Kinkeade 13b. MOTHER'S MAIDEN NAME Mary Fritz 14. NAME OF HUSBAND OR WIFE Quincy D. Kinkeade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Nil 17. INFORMANT'S SIGNATURE OR NAME W. Bradshaw ADDRESS 1102 Blendon

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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION:
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
ANTECEDENT CAUSES (b) senility
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 4-7 1950, to 4/13, 1950, that I last saw the deceased alive on 4/13, 1950, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. Sheslie (Degree or title) M. 23b. ADDRESS 209 S. Kirkwood Rd. 23c. DATE SIGNED 4-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 4-14-50 24c. NAME OF CEMETERY OR CREMATORY City 24d. LOCATION (City, town, or county) (State) St. James, Missouri

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Albert H. Hoppe 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington

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

APR 8 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. Wm. Binkley

Licensed Embalmer No. *2653*

Signed.....
Student Embalmer

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.