

FILED MAY 27 1950 STANDARD CERTIFICATE OF DEATH

State File No. **18538**  
 Registrar's No. **1410**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>71</b>		d. STREET ADDRESS (If rural, give location) <b>1817 N. 10th St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Louis</b>		a. (First)		b. (Middle)		c. (Last) <b>Pinckney</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 12 1950</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>MAR 31, 1879</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months Days		IF UNDER 1 MIN. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Free Man</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>			11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		

13a. FATHER'S NAME <b>William Pinckney</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Kirk</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Florence Gosey</b>		ADDRESS <b>1817 N 10th St</b>	
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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) <b>Cerebral Hemorrhage</b>  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				Undet.	
		DUE TO (b) <b>Hypertension</b>					
		DUE TO (c) <b>Hypertensive Heart Disease with Failure</b>					
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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? <b>H&amp;H X</b>	
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22. I hereby certify that I attended the deceased from **5-8**, 19 **50**, to **5-12**, 19 **50**, that I last saw the deceased alive on **5-12**, 19 **50**, and that death occurred at **3 p** m., from the causes and on the date stated above.

22a. SIGNATURE <b>James J. Neibich</b>		(Degree or title) <b>D.</b>		22b. ADDRESS <b>2601 N Whittier St.</b>		22c. DATE SIGNED <b>5-16-50</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>5-19-50</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Dale Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
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DATE REC'D BY LOCAL HEALTH DEPT. <b>MAY 1 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>GUS HOWE</b>		ADDRESS <b>2930 Dickson St</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Arthur S. Heilliard

Signed.....  
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St Germain

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.