

S. No. 3500
REV. 10-48

FILED JUL 8 1950

STANDARD CERTIFICATE OF DEATH

3063
6216
State File No. 22191
Registrar's No. 1555

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6216

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO Mo b. COUNTY Mo	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.	
c. LENGTH OF STAY (In this place) DOA 3 Mo.		d. STREET ADDRESS (If rural, give location) 722 BARRY	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospt.		e. STREET ADDRESS 723	
3. NAME OF DECEASED (Type or Print) a. (First) Burlin b. (Middle) Jinkerson c. (Last) Jinkerson		4. DATE OF DEATH (Month) (Day) (Year) 6-23-50	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (I)	8. DATE OF BIRTH 7-12-37
9. AGE (In years last birthday) 22		IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Flatriver, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Burlin Jinkerson		13b. MOTHER'S MAIDEN NAME Opal Crawford	
14. NAME OF HUSBAND OR WIFE		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. No		17. INFORMANT'S SIGNATURE OR NAME Opal Nemeyer ADDRESS 722 Barry St. St. Louis Mo.	
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) asphyxia by drowning ANTECEDENT CAUSES Morbid 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9.3.7.3 400	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) river		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Cedar Hill, St. Louis, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 23 50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Drowned while swimming at Detjan's Grove.		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased slide on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE Arnold J. Willmann, Coroner (Degree or title)		23b. ADDRESS Clayton, Mo.	
23c. DATE SIGNED 6/26/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (I)	
24b. DATE 6-26-50		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home Inc. St. Louis ADDRESS	
DATE REC'D BY LOCAL REG. 6-24-50		REGISTRAR'S SIGNATURE Herbert C. Doube, MD	

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.....
Student Embalmer

Signed

James R. Chapman

Licensed Embalmer No. *4550*

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.