

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24872**
Registrar's No. **5573**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5573	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Saint Louis			
b. CITY OR TOWN St Louis Mo		c. LENGTH OF STAY (In this place) 19 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		4693	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hosp.				e. STREET ADDRESS (If rural, give location) West Watson Rd. Rt. 12 Box 184-3			
3. NAME OF DECEASED (Type or Print): a. (First) Viola b. (Middle) Caroline c. (Last) Hinsinger			4. DATE OF DEATH (Month) (Day) (Year) 6 24 '50				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 12, 1899	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 7 Days 12		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker		10b. KIND OF BUSINESS OR INDUSTRY Emerson Electric		11. BIRTHPLACE (State or foreign country) Farmington, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Cornelius N. Burgess		13b. MOTHER'S MAIDEN NAME Susan McClintock		14. NAME OF HUSBAND OR WIFE Carl R. Hinsinger			
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. 496-22-6738		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl R. Hinsinger, Rt. 12 Kirkwood, Mo.			
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) Pulmonary infarct				2-3 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Congestive heart failure				1 1/2 years	
		DUE TO (c) Rheumatic heart disease				2 1/2 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ? Lobar pneumonia ? Coccidiosis					
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H/H			
22. I hereby certify that I attended the deceased from 6-6-50 , 19 50 , to 6-24 , 19 50 , that I last saw the deceased alive on 6-24 , 19 50 , and that death occurred at 4:55 A m., from the causes and on the date stated above.							
23a. SIGNATURE F R Bradley (Degree or title) M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 6/24/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28, 1950		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUN 27 1950		REGISTRAR'S SIGNATURE J. B. Faratan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.			

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Ernest W. Spillers*

Licensed Embalmer No. *14080*

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.