

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39132

State File No. _____
Registrar's No. 9629

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. _____		Registrar's No. <u>9629</u>					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus</u> <u>1501</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) <u>W.</u>			c. (Last) <u>Vinyard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12, 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 13, 1871</u>		9. AGE (In years last birthday) <u>79</u>		# UNDER 1 YEAR Months Days		# UNDER 2 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Glass Worker</u>				11. BIRTHPLACE (State or foreign country) <u>Festus, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Jackson Vinyard</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Robinson</u>				14. NAME OF HUSBAND OR WIFE <u>Nancy Lucas Vinyard</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nancy Vinyard, Festus, Mo.</u>							
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> 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 type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>H200</u>								
22. I hereby certify that I attended the deceased from <u>11-6</u> , 19 <u>50</u> , to <u>11-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-12</u> , 19 <u>50</u> , and that death occurred at <u>2:30 p. m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>A. K. Finkel MD.</u> (Degree or title)						23b. ADDRESS <u>539 N. Grand</u>			23c. DATE SIGNED <u>11-13-50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Game1</u>			24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>NOV 13 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Fawcett</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vinyard Funeral Home, Festus, Mo.</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1951

FEB 6 1951

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~~ Me

working under my personal supervision.

Student Embalmer No.....

Signed E. J. Remelhus

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.