

FILED JAN 26 1951

STANDARD CERTIFICATE OF DEATH

1003

State File No.

2677

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

Registrar's No.

302

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 4450 S. Broadway	
3. NAME OF DECEASED (Type or Print) a. (First) Lester B. Kinney b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1951
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1885
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman	11. BIRTHPLACE (State or foreign country) E. Strosberg, Penn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman		10b. KIND OF BUSINESS OR INDUSTRY Sears	12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Thomas H. Kinney		13b. MOTHER'S MAIDEN NAME Sarah Heater	14. NAME OF HUSBAND OR WIFE Laura Kinney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 492-09-4437	17. INFORMANT'S NAME AND ADDRESS Mrs. Loraine McMackin
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of skull; Subdural Hemorrhage suffered when struck by streetcar operated by one Mrs. Creelshaw in front of 4456 So Broadway about 535 pm Jan 8 1951 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 000 Accident	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 840
21d. TIME OF INJURY Jan 8 5:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 36
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:15 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Taylor-Cramer		23b. ADDRESS 1300 Court	23c. DATE SIGNED 1-11-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 12, 1951	24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE H. W. Schumacher	
DATE REC'D BY LOCAL REG. JAN 11 1951		ADDRESS 3013 Mevonee St.	

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 Joanis Williamson

Signed
Student Embalmer

Licensed Embalmer No. 3565

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.