

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 State File No. **24821**  
**6817**

FILED AUG 15 1951

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>0</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place or township) <b>2 mos. 13 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, 2029</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CITY INFIRMARY HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>4952 Robert Ave. 0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>		b. (Middle) <b>W.</b>		c. (Last) <b>JINKERSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 29 1951</b>	
5. SEX <b>M 0</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 5, 1873</b>		9. AGE (In years last birthday) <b>78</b> # UNDER 1 YEAR Months Days # UNDER 100 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stationery Fireman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laclede Gas Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Crawford County, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>George Jinkerson</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Gillam</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Jinkerson</b>			
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>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Anita Guthrie-4952 Robert Ave.</b>			
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) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 YRS.</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H201</b>			
22. I hereby certify that I attended the deceased from <b>May 17, 1951</b> , to <b>July 29, 1951</b> , that I last saw the deceased alive on <b>July 29, 1951</b> , and that death occurred at <b>1:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>George M. Tanaka, M.D.</b>		23b. ADDRESS <b>5600 Arsenal Ave</b>		23c. DATE SIGNED <b>7/29/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Mtr)</b>		24b. DATE <b>7-31-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Masonic Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Potosi, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 30 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lavater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser-4228 S. Kingshighway Bl.</b>			

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

*Putty*

**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.....  
..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *William B. White* .....

Licensed Embalmer No. *4291* .....

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.