

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 24853
6973
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. 24853 6973 Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>0</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis, Missouri</u>) c. LENGTH OF STAY (If in place) <u>10 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belleville</u> <u>8120</u> d. STREET ADDRESS (If rural, give location) <u>R. R. #3</u> <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>Purviance</u> c. (Last) <u>Kinder</u>			4. DATE OF DEATH (Month) <u>8</u> - (Day) <u>3</u> - (Year) <u>51</u>				
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 28, 1908</u>		9. AGE (In years last birthday) <u>42</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u> IF UNDER 24 HRS. Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin Co. Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Harry P. Kinder</u>		13b. MOTHER'S MAIDEN NAME <u>Tallie E. Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Comer Kinder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War 2</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Comer Kinder</u> ADDRESS <u>Belleville</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 Week</u>	
19a. DATE OF OPERATION <u>8/2/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Same as above.</u>				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>332X</u>			
22. I hereby certify that I attended the deceased from <u>8 - 1</u> , 19 <u>51</u> , to <u>8 - 3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8 - 3</u> , 19 <u>51</u> , and that death occurred at <u>9:00 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. D. Vermillion M.D.</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>8/3/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Aug. 3, 1951 Removal</u>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Ill.</u>	
DATE REC'D BY LOCAL AUG 4 1951		REGISTRAR'S SIGNATURE <u>J. B. Jarator</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Soyak</u>		ADDRESS <u>Kurrus Funeral Home East St. Louis, Ill.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....

..... Student Embalmer No.

working under my personal supervision.

NOT EMBALMED

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

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.