

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43642**

FILED JAN 10 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3905

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town) Carsonville
c. LENGTH OF STAY (in this place) 2 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY 2069
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 5519 Wabada Ave

3. NAME OF DECEASED
a. (First) Johanna
b. (Middle) _____
c. (Last) Kinker

4. DATE OF DEATH
(Month) (Day) (Year)
12 - 5 - 1951

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 12, 1862

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 WEEKS Hours Min.
89

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) St. Louis

12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Henry Kinker

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
George F. Kinker 5519 Wabada Ave.

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) Arteriosclerotic Heart disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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
unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1951, to Dec 5, 1951, that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 11:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis Littmann MD

23b. ADDRESS 8231 Clayton Rd (17)

23c. DATE SIGNED 12/6/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 12-8-1951

24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE Robert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union

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

3-5
8231 Clayton Rd.

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 Warren A. Carver

Signed.....
Student Embalmer

Licensed Embalmer No. 3934

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.