

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40951

State File No.

No. 300

10-48

4002
3

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

FILED DEC 6 1952		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 541	Registrar's No. 3091
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) LOA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kinloch 4091
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.		d. STREET ADDRESS (If rural, give location) 1000, Scudder Ave		
3. NAME OF DECEASED (Type or Print) a. (First) TOM b. (Middle) M C c. (Last) K I N T R Y		4. DATE OF DEATH (Month) (Day) (Year) Dec 1, 1952		
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 20 Dec 1885	9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Alabama A	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Tom Gardner		13b. MOTHER'S MAIDEN NAME Mary Mc Kintry	14. NAME OF HUSBAND OR WIFE Pearlle Mc Kintry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-14 8242	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Taylor Hinton 913 Waring Kinloch	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Syphilitic Endovascular Disease ANTECEDENT CAUSES Aford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 023X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 145
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?		
22. I hereby certify that I attended the deceased from 8:26 —, 1952 to 11:24 —, 1952, that I last saw the deceased alive on 11-24 —, 1952, and that death occurred at 7:45 p. m., 11-29-52, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Capt. N. M. D.		23b. ADDRESS 6015 Brentwood Pl. Kinloch Mo 12-1-52		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6 Dec 52	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) Berkeley, Missouri	
DATE RECD BY LOCAL REG. 12-2-52	REGISTRAR'S SIGNATURE Herbert R. D... M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros, Kinloch 21, Missouri		

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 *Edward A. Flynn*

Licensed Embalmer No. 4444

P. O. Address 4548a Page Blvd.
St. Louis 13, 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.