

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2590
Registrar's No. 2590

FILED MAR 24 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 18 4255 Vista avenue 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) MAUDE		b. (Middle) KINSEY		c. (Last) KINSEY		4. DATE OF DEATH (Month) (Day) (Year) MARCH 8, 1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-27-1896		9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Salem, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Jim MC Calister		13b. MOTHER'S MAIDEN NAME Ann Warfel		14. NAME OF HUSBAND OR WIFE Harry Kinsey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Kinsey, 4255 Vista 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNDIAGNOSED DISEASE OF THE BRAIN: EITHER LUEIC MENINGO-ENCEPHALITIS OR BRAIN TUMOR ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS SEVERE KERATO-CONJUNCTIVITIS WITH Conditions contributing to the death but not related to the disease or condition causing death. SECONDARY IRITIS.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 237X			

22. I hereby certify that I attended the deceased from 3-3-53, 19__, to 3-8-53, 19__, that I last saw the deceased alive on 3-8-53, 19__, and that death occurred at 11:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edwin M. Schmidt, M.D. 0		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 3-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3-10-53		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE-REC'D BY LOCAL REG. MAR 9 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland-Aker, 4104 Manchester					

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

Final analysis & cause of death. Some minor found.

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 Richard C. Yankin

Licensed Embalmer No. 13917

P. O. Address St. Louis

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.