

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12829**

FILED MAR 20 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **714**

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| 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 OR TOWN Lakewood | c. LENGTH OF STAY (in this place township) Unknown | c. CITY OR TOWN Lakewood | d. Is Residence within limits of city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 8547 PILOT | | e. STREET ADDRESS (If rural, give location) 8547 PILOT | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) K. c. (Last) KINDER | 4. DATE OF DEATH (Month) (Day) (Year) MAR. 3 1953 |
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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH FEB. 2 1879 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 12 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW | | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | | 11. BIRTHPLACE (City and State or Foreign Country) MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME ANTON FORMAN | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE JOSEPH KINDER (DEC'D) |
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| 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. NONE | 17. INFORMANT'S SIGNATURE OR NAME JOSEPHINE HARVEY | ADDRESS 8547 PILOT |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma right lung | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. |
| | ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | |
| | DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 0 0 0 163X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) (Min.) | 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 **15 Nov. 1952**, to **3 Mar. 1953**, that I last saw the deceased alive on **27 Feb. 1953**, and that death occurred at **9:10 A.M.**; from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Robert S. Nye, M.D. | 23b. ADDRESS 3201 Arsenal St. | 23c. DATE SIGNED 3 Mar. 53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE MAR 6 1953 | 24c. NAME OF CEMETERY OR CREMATORY MT. CARMEL CEM. | 24d. LOCATION (City, town, or county) (State) BELLEVILLE ILL. |
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| DATE REC'D BY LOCAL REG. 2-4-53 | REGISTRAR'S SIGNATURE Herbert P. Dombrowski | 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuttis | ADDRESS 2906 Grannie |
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(Licensed Embalmer's Statement on Reverse Side)

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

4000
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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.....
Signature of Student Embalmer

Signed.....
Samuel E. Hill

Licensed Embalmer No. *4347*

P. O. Address *2501 Brown*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.