

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41681**

No. 300
10.48

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2859

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonville</u> c. LENGTH OF STAY (in this place) <u>life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Raymond Avenue</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonville 4060</u> d. STREET ADDRESS (If rural, give location) <u>D</u> <u>Raymond Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> b. (Middle) <u>Ernst</u> c. (Last) <u>Kinker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 3, 1896</u>
9. AGE (In years last birthday) <u>57</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Weight Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. State Highway</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Bridgeton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Kinker</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Hildebrandt</u>	
14. NAME OF HUSBAND OR WIFE <u>Juliet H. Kinker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Juliet H. Kinker Pattonville, Mo.</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>Carcinoma of urinary bladder, 1 yr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia Secondary to obstruction</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>181X</u>	
19a. DATE OF OPERATION <u>11-1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of urinary bladder</u>		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)	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 <u>Sept 9, 1953</u> , to <u>Nov 3, 1953</u> , that I last saw the deceased alive on <u>9-3, 1953</u> , and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Russell Hilder M.D.</u>		23b. ADDRESS <u>St Charles, Mo</u>	
23c. DATE SIGNED <u>11/5/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-6-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fee Fee Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pattonville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumgardner Bros. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-6-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombk M.D.</u>		ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>

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.

Student
Student Embalmer

Signed: *David C. Gibson*

Licensed Embalmer No. *3454*

P. O. Address: *Coveland 14, 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.