

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10767**

FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 577

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>St. Johns</u>		c. CITY OR TOWN <u>ST. JOHNS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>13 years</u>		e. STREET ADDRESS (If rural, give location) <u>3705 BROWN ROAD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3705 Brown Road.</u>			

3. NAME OF DECEASED (Type or Print) <u>CLYDE</u>	a. (First)	b. (Middle)	c. (Last) <u>JINKS.</u>	4. DATE OF DEATH <u>March 6, 1954</u>
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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>SEP'T 24 1879</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - PASSENGER & TICKET AGENT T.R.A.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City, and State or Foreign Country) <u>METAMORE, INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>STEPHEN JINKS</u>	13b. MOTHER'S MAIDEN NAME <u>IDA SMITH</u>	14. NAME OF HUSBAND OR WIFE <u>SUE BIRING JINKS</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>702-12-4141</u>	17. INFORMANT'S SIGNATURE OR NAME <u>SUE B. JINKS - 3705 BROWN ROAD.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Coronary Thrombosis</u>			<u>1 hr.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerotic Heart Disease</u>			<u>5 yrs</u>
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia chronic</u>	<u>2 months</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from June, 1952, to March 6, 1954, that I last saw the deceased alive on March 6, 1954, and that death occurred at A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul D. Tatterton MD</u> (Degree or title)	23b. ADDRESS <u>10300 St Charles Rd St Louis Mo 63114</u>	23c. DATE SIGNED <u>3-6-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>MARCH 8/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>3/6/54</u>	REGISTRAR'S SIGNATURE <u>Walter B. Spink MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton & Sons</u>	ADDRESS <u>7233 Delmar Blvd</u>
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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 *Clarence H. Murray*.....

Licensed Embalmer No. *407*

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