

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32558**  
Registrar's No. **2208**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>547</b>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>RICHMOND HEIGHTS</b>		c. LENGTH OF STAY (In this place) <b>10 days</b>	c. CITY OR TOWN <b>Glendale</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>			e. STREET ADDRESS (If rural, give location) <b>5 Southridge Drive</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b>		b. (Middle) <b>MANSFIELD</b>	c. (Last) <b>PINKERTON.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 17, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 29, 1898</b>	9. AGE (In years last birthday) <b>55</b>	10. UNDER 1 YEAR Days " " "
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>general credit mgr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Independent Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Council Bluff, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Harry Pinkerton</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Schwartz</b>		14. NAME OF HUSBAND OR WIFE <b>Ruby Jones Pinkerton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>338-10-2352</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Roby J. Pinkerton-5 Southridge Drive</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>acute</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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) _____		4201
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>August, 1950</u> , to <u>Sept 17, 1954</u> , that I last saw the deceased alive on <u>Sept 17, 1954</u> , and that death occurred at <u>6:25 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Thomas W. Parker M.D.</b>		23b. ADDRESS <b>4660 Maryland</b>		23c. DATE SIGNED <b>Sept. 18, 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>		24b. DATE <b>9-20-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>9/19/54</b>		REGISTRAR'S SIGNATURE <b>Wesley K. Starnes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</b>		

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.....  
Signature of Student Embalmer

Signed *Clarence A. Muir*.....

Licensed Embalmer No. *40*.....

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.