

FILED DEC 16 1954

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42528**

KC-18 647 528  
SL-2823

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Registrar's No. **10847**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>MADISON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>915 N. Grand, St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>74 days</b>		c. CITY OR TOWN <b>MADISON</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>Veterans Administration Hosp.</b>				STREET ADDRESS (If rural, give location) <b>402 STATE STREET</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b> b. (Middle) <b>O.</b> c. (Last) <b>KINNAMON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-26-54</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>7-12-90</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bartender</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Kellerville, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jim Kinnamon</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Miller</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>WW-1</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA Hosp. Records, 915 N. Grand, St. Louis, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF ADRENAL GLANDS WITH METASTASES TO LUNGS AND ANTERIOR CHEST WALL AND LIVER</b>				DUE TO (a) _____			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____				DUE TO (b) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>BRONCHOPNEUMONIA</b>				DUE TO (c) _____			
19a. DATE OF OPERATION <b>10-21-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Anterior Chest Wall &amp; liver, primary site unknown</b>		20. AUTOPSY? YES <input checked="" 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)		21f. HOW DID INJURY OCCUR? <b>195X</b>	
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? <b>195X</b>			
22. I hereby certify that I attended the deceased from <b>9-13-54</b> , 19____, to <b>11-26-54</b> , 19____, and that death occurred at <b>1:20 pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Leonard J. Kopp</b> (Degree or title) _____				23b. ADDRESS <b>M.D. VAH, 915 N. Grand, St. Louis, Mo.</b>		23c. DATE SIGNED <b>11-26-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>Nov. 30, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHN'S CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>GRANITE CITY ILL.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 29 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mr. Leonard R. Davis Granite City</b>			

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

Aug 2 9 1951

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 *Leonard R. Harris* .....

Licensed Embalmer No. *837*

P. O. Address *2060 Cleveland  
Granite City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.