

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14167**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **891**

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 township) OR TOWN <b>Jennings</b>		c. CITY OR TOWN <b>Jennings</b> <b>4-14-55</b>	
c. LENGTH OF STAY (in this place) <b>5 yrs</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>5441 Helen Ave.</b>		STREET ADDRESS (If rural, give location) <b>5441 Helen Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Addison</b> b. (Middle) <b>(Add)</b> c. (Last) <b>Kinder</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4/17/55</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>10/22/1872</b>		9. AGE (In years last birthday) <b>82</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>Retired Grocer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Business</b>		11. BIRTHPLACE (City and State or Foreign Country) / <b>Ohio</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Unk.</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Jessie Kinder</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Vaughan R. Kinder 5441 Helen Ave.</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE (RIGHT)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 HOURS</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS</b>			<b>2 YEARS</b>	
		DUE TO (c) <b>CHRONIC MYOCARDITIS</b>			<b>2 YEARS</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>CHRONIC INTERSTITIAL NEPHRITIS</b>			<b>2 YEARS</b>	

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) <b>4221</b>		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <b>Nov. 15, 1953</b> , to <b>April 12, 1955</b> , that I last saw the deceased alive on <b>April 12, 1955</b> , and that death occurred at <b>6:30</b> m., from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <b>Anthony A. Piekoski M.D.</b>		23b. ADDRESS <b>1525 a Cass Ave.</b>		23c. DATE SIGNED <b>4-18-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/20/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>			

DATE REC'D BY LOCAL REG. <b>4-18-55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E.J. Schurr 3125 Lafayette Ave.</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..... *Joseph Bollman* .....  
Licensed Embalmer No. *40* .....  
P. O. Address *3125 1/2 St* .....

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