

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28047

State File No. \_\_\_\_\_

FILED SEP 8 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7472

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|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><u>Missouri</u><br>b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><u>St. Louis, Mo</u>  |  | c. CITY OR TOWN<br><u>St. Louis</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>1806 Lucas Ave</u>  |  | 4. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><u>William</u><br>b. (Middle)<br><u>Pinson</u><br>c. (Last)<br><u>Pinson</u>  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>8 23 1955</u>   |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>Negro</u>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Single</u>   |  | 8. DATE OF BIRTH<br><u>February 28, 1891</u>   |  |
| 9. AGE (In years last birthday)<br><u>64</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Parking Lot Attendant</u>   |  |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Garage 18th &amp; Lucas, Lawrence, S.C.</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Lawrence, S.C.</u>  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  | 13a. FATHER'S NAME<br><u>Joe Pinson</u>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Lillian Woods</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Single</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>Ida Pinson</u>  |  | ADDRESS<br><u>2923 Lawton Ave</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease;</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO <u>Generalized Arteriosclerosis.</u><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Sclerosis.</u> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>420.0</u>   |  |
| 20. AUTOPSY?<br>YES <input 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)  |  |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:40 P.M.</u> , from the causes and on the date stated above.   |  |
| 23a. SIGNATURE<br><u>James H. Kelly</u>   |  | 23b. ADDRESS<br><u>1300 Clark</u>  |  |
| 23c. DATE SIGNED<br><u>8-16-55</u>  |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |  |
| 24b. DATE<br><u>8/29/55</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Washington Park Cemetery</u>  |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Missouri</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>C. W. Roberts</u>   |  |
| 25. ADDRESS<br><u>1416 N. Taylor Ave.</u>   |  | 26. DATE REC'D BY LOCAL REG.<br><u>AUG 26 1955</u>   |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Carl Smith</u>  |  | 27. (Licensed Embalmer's Statement on Reverse Side)  |  |

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

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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 *James A. Carter*

Licensed Embalmer No. *468*

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.