

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19147

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1288

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill</u>		c. CITY OR TOWN <u>Rock Hill</u> <u>4631</u>	
c. LENGTH OF STAY (In this place) <u>15 yrs.</u>		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 <u>9351 Golden Gate Drive</u>		e. STREET ADDRESS (If rural, give location) <u>9351 Golden Gate Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>KINCAID.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-5-1889</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR <u>1</u> Months
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Police Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rope Mfg.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles Kincaid</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sophie Werland Kincaid</u>	
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>499-09-2349</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sophie Kincaid, above</u>	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Duodenal Ulcer</u>			INTERVAL BETWEEN ONSET AND DEATH <u>undetermined</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
DUE TO (c) _____		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>		

22. I hereby certify that I attended the deceased from April 23, 1956, to May 25, 1956, that I last saw the deceased alive on May 22, 1956, and that death occurred at 12:10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Vincent Townsend MD</u>		23b. ADDRESS <u>3101 Sutton Ave Maplewood Mo</u>		23c. DATE SIGNED <u>5-26-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-28-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH, Maplewood, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-27-56</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Donahue MD</u>			

(Licensed Employer's Statement on Reverse Side)

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 *H. E. Burgess*.....

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

P. O. Address *Mpls.*.....

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