

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32337

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **7630** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hosp/		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Unknown	
3. NAME OF DECEASED (Type or print) First William Middle Arthur Last PINSMAN			4. DATE OF DEATH Month 7 Day 21 Year 56		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH unknown	9. AGE (In years last birthday) about 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) unknown	
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) yes 9-24-13 to 9-3-20		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Police Dept. St. Louis, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) tured Liver; 3. Multiple Fractures; suffered when found beneath the rear wheels of a trailer around 4:30 P.M., July 21, 1956, which had been parked by one Clay Ulmer on the Schien Trucking Company Parking Lot, 3112 N. 13th Street, around 3:30 A.M., July 21, 1956. ACCIDENT.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) See above			
20c. TIME OF INJURY Hour Month, Day, Year a. m. 7-21-56 p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) E 830; 0 Parking Lot			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE			
21. I attended the deceased from 3:30 A to 3:30 A and last saw her alive on 8/17/56 and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James M Kelly Deputy			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 8/17/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-17-1956	23c. NAME OF CEMETERY OR CREMATORY Nat'l Cem. Jeff Bks		23d. LOCATION (City, town, or county) (State) Jefferson Bks Mo.	
24. FUNERAL DIRECTOR Edw. Fendler Mort. ADDRESS 5611 So. Grand		25. DATE RECD. BY LOCAL REG. AUG 17 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I, must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Frozen and Fluid Packed to Sam, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry Lehman
Licensed Embalmer No. 26
P. O. Address 3611 S. 2nd

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.