

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15683**

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **839**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Shrewsbury		c. LENGTH OF STAY (in this place) yrs. _____	c. CITY OR TOWN Shrewsbury 4561
d. FULL NAME OF HOSPITAL OR INSTITUTION 7619 Sutherland Ave.		e. STREET ADDRESS (Rural, give location) 7619 Sutherland Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) ALOYSIUS	b. (Middle) JOSEPH	c. (Last) KINKEL	4. DATE OF DEATH (Month) (Day) (Year) Mar. 27, 1957
-------------------------------------------------------------------	---------------------------	-------------------------	---------------------------------------------------------------

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 25, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Month _____ Day _____	IF UNDER 24 HRS. Hour _____ Min. _____
--------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-------------------------------------------	------------------------------------------	-------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) statistician	10b. KIND OF BUSINESS OR INDUSTRY insurance company	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------	-------------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME Henry Kinkel	13b. MOTHER'S MAIDEN NAME Caroline Herde	14. NAME OF HUSBAND OR WIFE Mary C. Kinkel
----------------------------------------	-------------------------------------------------	---------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. 488-05-4989	17. INFORMANT'S SIGNATURE OR NAME Mary C. Kinkel	ADDRESS 7619 Sutherland Ave.
------------------------------------------------------------------------------	--------------------------------------------	---------------------------------------------------------	-------------------------------------

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 2 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retinulum cell sarcoma		
	ANTECEDENT CAUSES undetermined origin		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 2000 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) _____
------------------------------------------------	------------------------------------------------------------------------------------------------	-------------------------------------------------------

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 **3/14**, 19**57**, to **3/27**, 19**57**, that I last saw the deceased alive on **3/27**, 19**57**, and that death occurred at **11 P** m., from the causes and on the date stated above.

23a. SIGNATURE Earl P. ...	(Degree or title) _____	23b. ADDRESS White's Groves Mo	23c. DATE SIGNED 3/29/57
-----------------------------------	-------------------------	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Mar. 30, 1957	24c. NAME OF CEMETERY OR CREMATORY St. Peter and Paul Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
----------------------------------------------------------	--------------------------------	-------------------------------------------------------------------	---------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 3/29/57	REGISTRAR'S SIGNATURE Herbert W. ...	EMERALD DIRECTOR'S SIGNATURE ...	ADDRESS 831 East Big Bend
-----------------------------------------	---------------------------------------------	-----------------------------------------	----------------------------------

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

(Licensed Embalmers' Statement on Reverse Side)

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..... *Harner W. Jutz*

Licensed Embalmer No... *388*

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.