THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18376

STATE FILE NUMBER

FILED JUN 11 1957

Registration District No. 316 Primary Registration District No. 4461 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY St.Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bismarck — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in Ib 4 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~St.Louis~~
c. CITY OR TOWN St.Louis 2049 — Inside Limits Yes ☐ X No ☐
d. STREET ADDRESS (If outside, give location) 4514 Shenandoah — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: William Middle: J Last: Kinney

4. DATE OF DEATH Month: June Day: 1st. Year: 1957

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH 12-23-1871

9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR: Months 5 Days 8 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor

10b. KIND OF BUSINESS OR INDUSTRY Real-Estate

11. BIRTHPLACE (City and state or country) St.Louis Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Michael Kinney

14. MOTHER'S MAIDEN NAME Mary Ellen Glynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. None

17. INFORMANT Michael Kinney Address 7258 Clayton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] St.Louis,Mo.

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic Myocardial Heart Disease — Don't Know

DUE TO (c) Senility - 85 years old

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4232

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 17, 57 to June 1, 57 and last saw him alive on June 1, 57. Death occurred at 6 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. N. Dawes (Degree or title) M.D. 0

22b. ADDRESS Bismarck,Missouri

22c. DATE SIGNED 6-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6-4-1957

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St.Louis (State) Missouri

24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd. St. Louis, Mo. (Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG. June 5, 1957

26. REGISTRAR'S SIGNATURE Esther Rudloff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, or Medical Examiner in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John N. Shepman

Licensed Embalmer No. 480

P. O. Address Bismar

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