

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016023

STATE FILE NUMBER

318

1003

Registrar's No. 3846

FILED APR 18 1958

Registration District No.

Primary Registration District No.

300  
1-57

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 <i>St. Louis, Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>01 3949 Cleveland Home</i>		Length of stay in lb <i>2 1/2</i>	d. STREET ADDRESS (If outside, give location) <i>3949 Cleveland</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Albert R. Kinney</i>		4. DATE OF DEATH Month Day Year <i>4-4-58</i>	
5. SEX <i>Male 0</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 4, 1885</i>
9. AGE (In years) <i>72</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clothing Salesman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Co Wells Clothing</i>	11. BIRTHPLACE (City and state or country) <i>Pana, Illinois</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>Albert</i>	
13b. MOTHER'S MAIDEN NAME <i>Eddie Robb</i>		14. NAME OF HUSBAND OR WIFE <i>Kinney Lillian Schellman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Wife Lillian Kinney</i>		Address <i>3949 Cleveland</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i> <i>Arteriosclerosis</i> <i>Chronic</i> DUE TO (b) <i>4/7/58</i> DUE TO (c) <i>Chronic</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>(cardio medical case at Clinic)</i>			INTERVAL BETWEEN ONSET AND DEATH <i>few hours</i> <i>1 year</i>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>4-4-58</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>4-4-58</i>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <i>6:50 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>D. C. [Signature]</i>		22b. ADDRESS <i>4523 Skuyshyby</i>	
22c. DATE SIGNED <i>4/5/58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>4-7-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	
23d. LOCATION (City, town, or county) <i>St. Louis County</i>		23e. STATE	
24. FUNERAL DIRECTOR <i>Weick Bros</i>		ADDRESS <i>2201 S. Grand</i>	
25. DATE RECD. BY LOCAL REG. <i>APR 7 '58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Jan 6 1917  
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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 *V E Morris* .....

Licensed Embalmer No. *3360*

P. O. Address *St. Louis, Mo.*

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.