Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030627
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7799

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: 24 St. Louis Childrens Hospital — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Christian
c. CITY OR TOWN: 8120 Edinburg — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 32 Rural Route — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Marcia Middle: Sue Last: Kindred

4. DATE OF DEATH Month Day Year: August 8, 1958

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [XX] WIDOWED [ ] 0 DIVORCED [ ]

8. DATE OF BIRTH: Dec. 1, 1952

9. AGE (In years Last birthday): 5 — 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): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Springfield, Illinois. 1

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

13a. FATHER'S NAME: Charles Kindred

13b. MOTHER'S MAIDEN NAME: Reeda Stahl

14. NAME OF HUSBAND OR WIFE: Nil.

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Charles Kindred, Rural Route, Edinburg, Ill.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): 2° and 3° burns of 80% of the body — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): when gasoline became ignited in shed near
DUE TO (c): home on July 21, 1958 about 3:30 P.M. — causing
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): her clothing to catch fire. Accident

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): See above E916.0 16

20c. TIME OF INJURY: Hour 3:30 p.m. Month, Day, Year 7/21/58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 32 home

20f. CITY, TOWN, OR LOCATION 812 Edinburg, COUNTY: STATE: Illinois

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 4:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James M Kelly Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 8-11-58

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

23b. DATE: 8-9-58

23c. NAME OF CEMETERY OR CREMATORY:

23d. LOCATION (City, town, or county) (State): Taylorville, Illinois.

24. FUNERAL DIRECTOR: Albert H. Hoppe — ADDRESS: 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.: AUG 11 1958

26. REGISTRAR'S SIGNATURE: J Carl Smith MD MB

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4077

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.