

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007312  
STATE FILE NUMBER  
Register No. 1446

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

300  
-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.		Length of stay in 1b 2 yrs. 4 mo.	d. STREET ADDRESS (If outside, give location) 5409 Lansdowne Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last David Kincheloe			4. DATE OF DEATH Month Day Year 2 9 1959			
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5. SEX male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 20, 1881	9. AGE (In years last birthday) 77	IF FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Cupples Co.	11. BIRTHPLACE (City and state or country) Ky.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Enos Kincheloe	13b. MOTHER'S MAIDEN NAME Ellen Ritter	14. NAME OF HUSBAND OR WIFE Maude Kincheloe
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 488-20-2044A	17. INFORMANT Maude B. Kincheloe, 4715 Macklind, St. Louis	Address
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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>Bilateral Bronchopneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____	<i>491X</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus - 3 yrs.</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>10-9-56</u> to <u>2-9-59</u> and last saw her alive on <u>2-9-59</u> Death occurred at <u>11:50 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>John W. Beckham, M.D.</i>	22b. ADDRESS <i>5800 Grand</i>	22c. DATE SIGNED <i>2/10/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2-12-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>
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24. FUNERAL DIRECTOR <i>Hoffmeister Funeral Home</i>	25. DATE RECD. BY LOCAL REG. <i>FEB 10 '59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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24. FUNERAL DIRECTOR <i>6464 Chippewa street St. Louis</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 10 '59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Bill C. Brown* .....

Licensed Embalmer No. *4764* .....  
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.