SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022795

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5625

FILED JUN 26 1961

DATE AMENDED 1/2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 St. Louis, Mo. — Length of stay in 1b 3 dys.

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Alexian Bro. Hosp. — Inside Limits Yes ☐ x No ☐

d. STREET ADDRESS (If outside, give location) 3123 Tamm Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Walter Middle F. Last Kinker

4. DATE OF DEATH Month June Day 13, Year 1961

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8/10/1902

9. AGE (last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY General Van & Storage Co.

11. BIRTHPLACE (City and state or country) St. Louis County, Mo.

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

13a. FATHER'S NAME Henry Kinker

13b. MOTHER'S MAIDEN NAME Katherine Hildebrand

14. NAME OF HUSBAND OR WIFE Kathryn Swift

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2

16. SOCIAL SECURITY NO. yes

17. INFORMANT Mrs. Kathryn Kinker Address 3123 Tamm Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Lung

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

DUE TO (b) With Metastasis to Liver

DUE TO (c) 163x

INTERVAL BETWEEN ONSET AND DEATH: 6 Mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED ☒ YES ☐ NO ☐

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 Dec 9 to June 13 1961 and last saw her him alive on 6/13/61

Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John J. Hosey

22b. ADDRESS 506 Olive St.

22c. DATE SIGNED 6/17/61 (State)

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

23b. DATE 6/17/1961

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

23d. LOCATION (City, town, or county) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Hoffmeister Colonial Mortuary 6464 Chippewa St. St. Louis, Mo.

25. DATE RECD. BY LOCAL REG. JUN 15 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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 Lynn E. Hoffman

Licensed Embalmer No. 3871

P. O. Address 7814 B

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.