

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5969

AMENDED

1. PLACE OF DEATH
 a. COUNTY St. Louis MO
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis MO Length of stay in 1b _____
 c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO b. COUNTY _____
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS 1937 MARION Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) Julius Ernest C. Cinstock
 4. DATE OF DEATH 6 17 61
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 8 3 9. AGE (last birthday) 83 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, or if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Mo. St. Louis 12. CITIZEN OF WHAT COUNTRY Mo.
 13a. FATHER'S NAME None 13b. MOTHER'S MARDEN NAME None 14. (NAME OF HUSBAND OR WIFE) None
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or (unknown)) (If yes, give year of dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT Mr. M. Quinn Clark Address 1300 Clark

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) _____
 DUE TO (b) ARTERIOsclerosis
 DUE TO (c) Heart Disease
 Generalized Arteriosclerosis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. 4220 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 _____ to _____ and last saw her alive on _____
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph M. Quinn Deputy Coroner (Degree or title) 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 6/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-29-61 23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR Albert H. Hoppe, Inc. ADDRESS 4700 Washington 25. DATE RECD. BY LOCAL REG. JUN 27 1961 26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

DATE AMENDED

1337

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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.

NOT EMBALMED

BURIED BY CITY

Student _____

Signed _____

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.