MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-025512
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14010
28202
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1867

FILED JUL 2 1962

1. PLACE OF DEATH
a. COUNTY ST. LOUIS COUNTY MO
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BERKLEY — Length of stay in 1b: 4yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EDGEWOOD HOSPITAL — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Madison
c. CITY OR TOWN HIGHLAND ILL — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 708 Nineth Street. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HELENE Middle C. Last KINNE

4. DATE OF DEATH: Month 6 Day 22 Year 62

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/12/74
9. AGE (last birthday): 88
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): Never Employed
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Highland, Illinois.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Louis C. Kinne
13b. MOTHER'S MAIDEN NAME: Carrie Thorpe
14. NAME OF HUSBAND OR WIFE: Never married

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: Mrs. Richard Hammel, Address: Trenton, Illinois.

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) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic cardiovascular disease and generalized arteriosclerosis — many years
DUE TO (c)
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 ☑ N. ☐ 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 May 19, 1958 to June 22, 1962 and last saw her alive on June 21, 1962
Death occurred at Nine to five AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph B. Kendis, M.D. (Degree or title)
22b. ADDRESS 4511 Forest Park Blvd St Louis 8 Mo
22c. DATE SIGNED 6/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6/25/62
23c. NAME OF CEMETERY OR CREMATORY: Highland City Cemetery
23d. LOCATION (City, town, or county) (State): Highland, Illinois.

24. FUNERAL DIRECTOR ADDRESS: Harris Funeral Home, Highland, Illinois.
25. DATE RECD. BY LOCAL REG.: 6-23-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ 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.