2
-41
-39
28390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12675

Registrar's No. 3105

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County

(c) City or town East Alton
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Kenneth Lamar Skinner

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 6 (Day) 1925 (Year)

8. AGE: Years	Months	Days	If less than one day
15	9	2	hr. min.

9. Birthplace Fieldon (City, town, or county) Illinois (State or foreign country)

10. Usual occupation School Student

11. Industry or business

FATHER
12. Name William Skinner
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Beulah Mae Miller
15. Birthplace Jersey Co. (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Troy Skinner
(b) Address Jerseyville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation Fieldon, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) APR - 9 1941 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th year 1941 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Hemorrhage due to fracture of skull bilateral Bronchopneumonia Contusion Lacerations Injury Automobile Accident in Missouri

Due Immediate place, Journey and cause could not be determined

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Verdict
(b) Date of occurrence Unknown
(c) Where did injury occur? Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unknown (Specify type of place)
While at work? (e) Means of injury Auto

23. Signature Alfred J. Kerry (M. D. or other)
Address Murphy Funeral Home Date signed 4/9/41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.