

Registration District No. 1291 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Barnes Hospital
(d) Length of stay: 1 week
In this community Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Rural - Anderson
(d) Street No. 9040 Rosemary Ave.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Frederick A. C. Skinner
3. (b) If veteran, name war
3. (c) Social Security 4894-03-4558

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 9th year 1942 hour 8 minute 20 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Retta H.
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April 6th, 1878

21. I hereby certify that I attended the deceased from Feb. 4, 1942 to Feb. 9, 1942
that I last saw him in alive on Feb. 9, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death nephritis, chronic - pyelocystitis, chronic

8. AGE: Years 63 Months 10 Days 3 If less than one day hr. min.

Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: 131
Of autopsy

9. Birthplace Springfield Mo.
10. Usual occupation Sheet Metal worker

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business
12. Name George J. Skinner
13. Birthplace Brooklyn N. Y.
14. Maiden name Mary Bottford
15. Birthplace Brooklyn N. Y.

16. (a) Informant Retta H. Skinner
(b) Address 9040 Rosemary
17. (a) Burial Park (b) Date thereof 2/12/42
(c) Place: burial or cremation John & Zigmund

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director J. C. Liegenhein & Sons
(b) Address 7027 Gravoia Ave.
19. (a) FEB 10 1942 (b) J. J. Bedeck

23. Signature Wm B. Kelly
Address 2619 gwyer Date signed Feb 10

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

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.....

B. P. Kindred

Licensed Embalmer No.....

3877

P. O. Address.....

7027 Gravois

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