

No. 2
1-5-43
5-17-39
I X38671

FILED MAY 12 1945

818 Primary Registration District No. 1003

Registration District No. 818

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:
Enroute City Hospital; ?
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 4 5

(d) Street No. 5 North 9th St.
(If rural, give location) 2 5

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Carlos Clark Pinkley

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1945 hour 2 minute 30 R M.

4. Sex Male / 5. Color or race White

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

6. (b) Name of husband or wife Mattie Pinkley

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August 1, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 8 Days 28 If less than one day _____ hr. _____ min.

Immediate cause of death _____

9. Birthplace Hollo Rock Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman, Jewell Tea Co.

Other conditions _____
(Include pregnancy within 3 months of death)

Due to Coronary Occlusion;
Coronary Sclerosis

Due to _____

11. Industry or business _____

12. Name William Pinkley

13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hardy

15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Barnhart

(b) Address 527 N. 13 St. East St. Louis

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-30-45
(Month) (Day) (Year)

(c) Place: burial or cremation Clarendon, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) MAY 1 (Date of local registration) (b) J. F. Brebeck (Registrar's signature) 1945

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Alfred J. Kerney (M.D. or other) Deputy Coroner

Date signed 4-30-45

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

3888

3888

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 M. W. Wilkinson

Licensed Embalmer No. 3570

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