No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 29404

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7559

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Enroute to St. Louis 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:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1125 Walton Avenue. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Troy Wilbur Pinkston

3. (b) If veteran, name war World War#2

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hazel Pinkston

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased December (Month) 7 (Day) 1921 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 25 | 8 | 1 | hr. min. |

9. Birthplace Poplar Bluff (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Bakers Assistant

11. Industry or business Whites Bakery Company

FATHER
12. Name Wilbur Pinkston
13. Birthplace Wynne (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Pearl Marie Rucker
15. Birthplace Wayne County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Preston Pinkston
(b) Address 4221 McPherson Avenue.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Missouri

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

19. (a) AUG 10 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8 year 1947 hour 11 minute 40 P 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 Heat Stroke

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 000

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E Taylor (M. D. or other)

Address Dep Coroner Date signed 8/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1947

## 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.....J. Allen Davis Jr.....

Licensed Embalmer No.....4053.....

P. O. Address.....St. Louis.....

**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.