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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1948

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 18317

Registrar's No. 1255

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 1112 Scudder Rd
(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 St Louis 96

(c) City or town Kinloch 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1112 Scudder 0
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Lena Wingo Stinson

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Thomas Stinson

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased October 10, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	7	4	..... hr. ..... min.

9. Birthplace Shepardsville Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Jacob Bukey
13. Birthplace ..... Ky.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Krigley
15. Birthplace ..... Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Stinson
(b) Address Kinloch, Mo.

17. (a) Burial (b) Date thereof 5/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Boulevard

19. (a) 5-20-48 (b) Cecil A. Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 48 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from 5-6-1948, to 5-14-1948
that I last saw her alive on 5-14-1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Cerebral Hemorrhage	9 days
Paralysis Rt	
Due to 131 b	
Due to Arterial clerosis	1938
Chr Nephritis	1942
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no

(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 Ray Johnson (M. D. or other)
Address Ferguson Mo Date signed 5/19/48

(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 Clark Yarny

Licensed Embalmer No. 3371

P. O. Address St. Louis

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

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