

10-47  
17-39  
1 3906

FILED OCT 30 1948 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

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: 1401 MISSOURI  
(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)

3. (a) PRINT FULL NAME JANICE LYNN PINNELL

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex FE / 5. Color or race W  
6. (a) Single, widowed, married, divorced INFANT  
6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased MAY 14 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 5 Days 2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business \_\_\_\_\_

12. Name STANLEY E. PINNELL

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

14. Maiden name FREDA K. SUTTEN

15. Birthplace PIEDMONT MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Stanley E. Pinnell

(b) Address 1401 Missouri

17. (a) BURIAL (b) Date thereof OCT 19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALLAIA CEM.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Ave

19. (a) OCT 19 1948 (b) J. B. Lester  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1401 MISSOURI  
23 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1948 hour \_\_\_\_\_ minute 00 PM.

21. I hereby certify that I attended the deceased from Oct 11 1948, to Oct 16 1948  
that I last saw her alive on Oct 16 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to bronchopneumonia  
congenital spinal 5 days  
paralysis of lower  
limbs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy no

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) \_\_\_\_\_

(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 J. S. Homan (M. D. or other) \_\_\_\_\_

Address 4907 Delmar Date signed 10/19/48

Homan

**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.

*no Embalming*

Signed *E. J. Schmus*

Licensed Embalmer No.....

P. O. Address *3125 Lafayette*

**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.**