

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32093**
8229
Registrar's No.

BIRTH NO. **61391-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give town)		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)
b. CITY St. Louis			c. CITY St. Louis		10
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Memorial Hosp.			d. STREET ADDRESS 20 2220^a Bremen		
3. NAME OF DECEASED a. (First) Yvonne b. (Middle) Ann c. (Last) Pinkley			4. DATE OF DEATH (Month) (Day) (Year) 9 21 49		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) New Born	8. DATE OF BIRTH 9-21-49	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 5 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Warren Welton Pinkley	13b. MOTHER'S MAIDEN NAME Alberta Marie Steiler		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Warren Pinkley ADDRESS 2220^a Bremen		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature delivery of 6 mos. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		
		159	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
		776X	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 9-21-1949 to 9-21-1949 , that I last saw the deceased alive on 9-21-1949 , and that death occurred at 4:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Clyde B. Kane (Degree or title) MD			23b. ADDRESS 706 Walton		23c. DATE SIGNED 9/21/49
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)		
Burial	Sept 25/49	Rose Lawn Mem. Park	Crystal City, Mo		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Crystal City Mo		
SEP 24 1949					

8229

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Gentry C. Polittle

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mo.

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.