

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38993**
9803

FILED NOV 18 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		STREET ADDRESS (If rural, give location) 4241 W. Finney Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Kirk	b. (Middle)	c. (Last) Vinson	4. DATE OF DEATH (Month) (Day) (Year) 11 7 55
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-9-1900	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Stickman Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME Terrell Vinson	13b. MOTHER'S MAIDEN NAME Martha Osborne	14. NAME OF HUSBAND OR WIFE Maggie Vinson 4241 Finney
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. 81-1918-7-25-194 490-03-2411	17. INFORMANT'S SIGNATURE OR NAME Maggie Vinson 4241 Finney	ADDRESS
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral lobar pneumonia.		INTERVAL BETWEEN ONSET AND DEATH Undt.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-30-**, 19**55**, to **11-7-**, 19**55**, that I last saw the deceased alive on **11-7-**, 19**55**, and that death occurred at **7:55p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. B. Williams, M.D.	23b. ADDRESS 2601 N. Whittier Street	23c. DATE SIGNED 11-8-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rem	24b. DATE 7-14-55	24c. NAME OF CEMETERY OR CREMATORY Jefferson Barricks	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo
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DATE REC'D BY LOCAL REG. NOV 10 1955	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Manuel Undt Co.	ADDRESS 4059 Finney
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m. J. B. (Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....
Signature of Student Embalmer

Signed *H. Claude Gord*.....

Licensed Embalmer No. *34*.....

P. O. Address *4575*.....

.. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.