

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016955
State File No.

FILED MAY 12 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1102

4000

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Bonhomme</u>		c. LENGTH OF STAY (in this place) <u>13 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR 13 Box 292 C</u>		c. CITY OR TOWN <u>Bonhomme Township</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>RR #13 Box 292C Bonhomme Twnsh</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALMA</u>	b. (Middle) <u>L.</u>	c. (Last) <u>PINSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u>	8. DATE OF BIRTH <u>April 10, 1891</u>	9. AGE (In years last birthday) Months Days <u>67</u>	IF UNDER 1 YEAR Hours Min. <u></u>	IF UNDER 18 HRS. Hours Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Heney Diesselhaus</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia L. Rust</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Pinson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Faye Weddington-Rt 15 Box 778</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-1, 1955, to 4-15, 1958, that I last saw the deceased alive on 4-15 1958, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Naomi C. Walker MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Kirkwood Mo</u>	23c. DATE SIGNED <u>4-19-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-22-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Bks. St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-21-58</u>	REGISTRAR'S SIGNATURE <u>Herbert W. Deane MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Pfzinger Mort.</u>	ADDRESS <u>Kirkwood 22, Mo.</u>
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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 *Ben E. Hoffmann*

Licensed Embalmer No. *436*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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