

S. No. 300
v. 10.48

FILED DEC 1 1952

XC 426 925

REG #105390

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **41152**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2993**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		d. STREET ADDRESS (If rural, give location) 25 DE SOTO ROAD	

3. NAME OF DECEASED (Type or Print)		a. (First) EMMIT	b. (Middle) W.	c. (Last) PINKSTON	4. DATE OF DEATH (Month) (Day) (Year) 11-21-52		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-8-02	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED		11. BIRTHPLACE (City and State or Foreign Country) DESLOGE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME ALEXANDER PINKSTON		13b. MOTHER'S MAIDEN NAME MARY MC CURARY		14. NAME OF HUSBAND OR WIFE KATHERINE PINKSTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 494097235		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.	

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 4 YRS	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RHEUMATIC HEART DISEASE			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 416X				

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) VA		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 **9-30-52** to **11-21-52**, 19**52**, and that death occurred at **5:17A** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> T. KAMINSKAS, MD		23b. ADDRESS VAH, JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 11-21-52	
---	--	---	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 24-52		24c. NAME OF CEMETERY OR CREMATORY St. Joseph		24d. LOCATION (City, town, or county) (State) Bonne Terre Mo	
--	--	--------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 11-21-52		REGISTRAR'S SIGNATURE <i>[Signature]</i> Herbert R. Dombke MD PA		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> Bonnie Moore		ADDRESS Bonne Terre Mo.	
---	--	---	--	---	--	-----------------------------------	--

p.T. (Licensed Embalmer's Statement on Reverse Side)

4000

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

9961 9874
FEB 5 1953

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

C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address _____

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.