

Irvin Kincaid

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Birth: Jan. 31, 1921
St. Louis City
Missouri, USA
Death: Aug. 20, 1951
St. Louis City
Missouri, USA

WWII Veteran, Husband to Anna Mae Kincaid,
son of George Kincaid and Adele Hercules.

Burial:
[Sunset Memorial Park and Mausoleum](#)
Affton
St. Louis County
Missouri, USA

Created by: [TLH](#)
Record added: Apr 17, 2007
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Cemetery Photo

Added by: [SONNY WILLIAMS](#)



Photo by Kevin Weber

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 28411
7461

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 9.159			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				15 STREET ADDRESS (If rural, give location) 4607 Chippewa St. 0			
3. NAME OF DECEASED (Type or Print) IRVIN		a. (First)		b. (Middle) KINCAID		c. (Last)	
4. DATE OF DEATH		(Month) Aug.		(Day) 20		(Year) 1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 31, 1921	
9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter-Dailey Construction Co.				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME George Kincaid				13b. MOTHER'S MAIDEN NAME Adele Hercules		14. NAME OF HUSBAND OR WIFE Anna Mae Kincaid	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War 2				16. SOCIAL SECURITY NO. 493-07-8335		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Kincaid 4607 Chippewa St.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bulbar Poliomyelitis 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. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH 80 days			
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)		21f. HOW DID INJURY OCCUR? 080.0	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 8/12, 1951, to 8/20, 1951, that I last saw the deceased alive on 8/20, 1951, and that death occurred at 12:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harold A. Franklin M.D.		23b. ADDRESS 4409 West Pine		23c. DATE SIGNED 8/21/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug. 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	
DATE REC'D BY LOCAL REG. 8/21/51		REGISTRAR'S SIGNATURE J. Earl Smith		(Licensed Embalmer's Statement on Reverse Side)			

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