

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18064

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. St. Lukes Hospital)

File No.....

Registered No. 5221

St. Ward)

2. FULL NAME Lertayde H. Hinds

(a) Residence. No. 917 Goodfellow St., 5 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sherwood Hinds

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
48 6 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Hutchinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Toronto
(STATE OR COUNTRY) Canada

12. MAIDEN NAME OF MOTHER Eriline Murray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canada
(STATE OR COUNTRY) Canada

14. INFORMANT Sherwood Hinds
(Address) 917 Goodfellow Ave

15. FILED MAY 28 1930
REGISTRAR W. C. Standley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1930, to May 27 1930 that I last saw him alive on May 27 1930, and that death occurred, on the date stated above, at 8:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrombosis Coronary Arteries and Heart
127 A 15 minutes
92 A
94 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Heart failure gangrene, hepatic vein thrombosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 12 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Opinion & symptoms
(Signed) Rene H. Babson M. D.

May 27, 1930 (Address) 10220 Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL May 29 1930

UNDERTAKER Wagner-Lund Co ADDRESS 3621 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

