WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

APR 30 1935

Do not use this space.

14754

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3592

City St. Louis (No. En Route City Hospital #1 St. ..... Ward)

2. FULL NAME Frank Hinds

(a) Residence, No. 4344 W. Pine St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1879

7. AGE YEARS 55 MONTHS 7 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soldier U.S.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Catskill New York

FATHER

13. NAME Wm. B. Hinds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Roseline Lehmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) M. E. Eller Big Ben & Ohlmer at Kirkwood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE 4-22 1935

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 So. Broadway

20. FILED APR 22 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arteriosclerosis
Cirrhosis of Liver
Chr. Interstitial Nephritis

Date of onset

Other contributory causes of importance:

13 [illegible]

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M.D.

(Address) [illegible] County

4/22/35

Coroners office