

AUG 9 1935

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

Do not use this space.

791
1003

24626

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis* (No. *Union Bros. Hosp.*) St. Ward.....

File No.....
Registered No. **6022**
St. Ward.....

2. FULL NAME

Michael Hynes
(a) Residence, No. *3728 Kenmore* St., *10* Ward.

(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 18 61</i>		
7. AGE <i>About 74</i>	YEARS <i>74</i>	MONTHS <i>-</i>
	DAYS <i>-</i>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Mail Carrier</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <i>St. Louis MO</i>		
MOTHER	13. NAME <i>Patrick Hynes</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
	15. MAIDEN NAME <i>Honora O'Connell</i>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>		
17. INFORMANT <i>Margaret Hynes</i> (ADDRESS) <i>3728 Kenmore</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cabary</i> DATE <i>7-16-35</i>		
19. UNDERTAKER <i>W. A. Stokely and Son</i> (ADDRESS) <i>2117 E. Grand St. St. Louis</i>		
20. FILED <i>JUL 15 1935</i> <i>J. F. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 13, 1935*

22. I HEREBY CERTIFY that I attended deceased from *June 28, 1935* to *July 13, 1935*
I last saw him alive on *July 12, 1935*. Death is said to have occurred on the date stated above, at *4:30 A.M.*
The principal cause of death and related causes of importance were as follows:
Generalized Atherosclerosis & chronic myocarditis
Date of onset

Other contributory causes of importance:
Senility *930*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* 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? *no*
If so, specify *heart attacked while*
(Signed) *W. A. Stokely*, M. D.
(Address) *St. Louis MO*

WRITE CAREFULLY, 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.

