

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

Do not use this space

AUG 18 1936

28498

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis. (No. 4138 Ashland Ave. St. _____ Ward _____)

File No. _____
 Registered No. **7263**

2. FULL NAME Inez Oletha Hines

(a) Residence, No. 4138 Ashland Ave. St. 10 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles G. Hines</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22, 1901</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>2</u>
	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1936 to July 14, 1936
 I last saw him alive on July 14, 1936 at 10:45 P. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
Chronic nephritis
 Date of onset 7/12/36

Other contributory causes of importance:
Gastro-intestinal (non-specific) 6/5/36
Chronic nephritis 1/22/36

Name of operation _____ Date of _____
 What test confirmed diagnosis? lit. of fungus there an autopsy? no

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? no
 If so, specify _____
 (Signed) Edna Thiel, M. D.
 (Address) 3772 S. Broadway

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Samuel J. Smart</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Nora Mills</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT (ADDRESS) <u>Charles G. Hines</u> <u>4138 Ashland Ave.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Doe Run Mo.</u> DATE <u>July 17, 1936</u>
	19. UNDERTAKER (ADDRESS) <u>A. W. McLaughlin</u> <u>2501 Lafayette Ave.</u>
	20. FILED <u>JUL 15 1936</u> <u>J. F. Brebeck</u> Registrar.

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.

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