

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**

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City **St. Louis, Mo.**

Registration District No. **791**

Primary Registration District No. **1003**

(No. **St. John's Hospital**)

File No. **35612**

Registered No. **9225**

St. Ward)

2. FULL NAME **William Hynes**

(a) Residence, No. **3211 Kosuth 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 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) **March 4, 1875**

7. AGE

YEARS

61

MONTHS

6

DAYS

0

If LESS than 1 day,hrs. ormin.

OCCUPATION

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

Laborer

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

Common

10. Date deceased last worked at this occupation (month and year).....

Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)..... **St. Louis Mo.**
(STATE OR COUNTRY)

FATHER

13. NAME

James Hynes

14. BIRTHPLACE (CITY OR TOWN)..... **Ireland**
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Mary Murphy

16. BIRTHPLACE (CITY OR TOWN)..... **Ireland**
(STATE OR COUNTRY)

17. INFORMANT **Mrs. Edward Vorhauer**
(ADDRESS) **4704 San Francisco Ave.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary**

DATE **Sept., 7th 1936**

19. UNDERTAKER **St. Paul & Carroll Undertakers**
(ADDRESS) **4600 North Broadway**

20. FILED **SEP 5 1936**

J. H. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-4-1936**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 24** 1936, to **Sept 4** 1936

I last saw him alive on **Sept 4** 1936. Death is said

to have occurred on the date stated above, at **6:20 P.M.**

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

Carcinoma of Caecum

Date of onset

Other contributory causes of importance:

Myocardial failure

Name of operation **Intestinal Resection** Date of **9-7-36**

What test confirmed diagnosis? **Microscopic** Was 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?

If so, specify.....

(Signed) **O. H. Hinemann**, M. D.

(Address) **4176 1/2 Shrew Ave.**

