

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

Do not use this space.

1. PLACE OF DEATH *JAN 20 1937*

791

46389

County..... Registration District No. **1003**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *5570 St. Louis*)

File No.....
Registered No. **12176**
St. Ward)

2. FULL NAME *Anna Costello Hynes*
(a) Residence, No. *5570 St. Louis* St. Ward.
(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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of *Michael J. Hynes*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1866*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>About 70</i>				

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

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

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) *Ireland*

13. NAME *Francis Costello*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Michael J. Hynes 5570 St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Catholic* DATE *Dec. 12, 1936*

19. UNDERTAKER (ADDRESS) *Chas. A. Stuart 1275 Mississippi Blvd.*

20. FILED *DEC 11 1936* Registrar *J. P. Bredeck*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 10, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 20*, 1936, to *Dec 9*, 1936.

I last saw h. *alive on Dec 24*, 1936. Death is said to have occurred on the date stated above, at *24 A.M.*

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

Date of onset

Other contributory causes of importance:

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?..... 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? *Yes*

If so, specify
(Signed) *Abbey*, M. D.
(Address) *2242 St. Louis Ave.*

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.

2342 St. Louis