

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

32544
Do not use this space.

8598

1. PLACE OF DEATH **Homer G Phillips Hospital**

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City **St. Louis** (d) Street No. **2601** N Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred **14** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Hinton**

(a) Residence, No. **4217 W Ashland** St. **10**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 12, 1886**

7. AGE YEARS **51** MONTHS **3** DAYS **27** If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) **June 1937** 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N. West Point, Mississippi**

FATHER 13. NAME **Tom Rush**

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

MOTHER 15. MAIDEN NAME **Emma Phillips**

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

17. INFORMANT (ADDRESS) **Orlynn Hinton 2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Sept. 14, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Charles G. Bates 4107 Finney Avenue**

20. FILED **SEP 13 1937** **J. H. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 9 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 17**, 19**37**, to **Sept. 9**, 19**37**

I last saw her alive on **Sept. 9**, 19**37** Death is said to have occurred on the date stated above, at **2:04** m. **P.M.**

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

Arteriosclerotic heart disease

Date of onset **6/17/37**

Other contributory causes of importance:

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

What test confirmed diagnosis? **clinical** 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) **a. L. Leonard**, M. D.

(Address) **2601 N Whittier**

22228776

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. _____ or by _____
working under my personal supervision.

Signed James A. Johnson
Registered Apprentice No. _____
Licensed Embalmer No. 3522

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)