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.

DEC 13 1937

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

39169
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. 1003 Registered No. 10156
(c) City ST LOUIS MO (d) Street No. DEACONESS HOSPITAL 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME RAYMOND HINTON
(a) Residence, No. 3816 DELMAR St. 19
(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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: LUCILLE HINTON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUG 3, 1902
7. AGE: YEARS 35 MONTHS 2 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: WELDER
9. Industry or business in which work was done, as 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): CHERRY VALLEY ARK.

FATHER
13. NAME: SALAMON HINTON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ARK.

MOTHER
15. MAIDEN NAME: ANNIE GRIFFIN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ARK.

17. INFORMANT (ADDRESS): MRS LUCILLE HINTON 4122 MARYLAND.
18. BURIAL, CREMATION, OR REMOVAL
PLACE VANDALE ARK DATE NOV 2ND 1937
19. FUNERAL DIRECTOR (ADDRESS): MULLEN BROS. 4259 WINDELL BLVD.
20. FILED NOV 2 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31/37 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:10 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of base of skull, extra-dural hemorrhage suffered when ~~stru~~ struck by door of a coal car while working at the American Car & Foundry Co. 2800 DeKalb Street,

Other contributory causes of importance:
Oct. 29, 1937, about 3:20 P.M.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/31, 1937
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Public Place
Manner of injury See Above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Joseph M. Lucius, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

40156

40156

STATEMENT BY LICENSED EMBALMER

I, W. M. Rogers, Licensed Embalmer No. 3905

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

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. M. Rogers

Licensed Embalmer No. 3905

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