

S. No. 2
-11-10-39
5-17-39
I X 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16544

State File No.

JUN 15 1940 791

Registrar's No.

4022

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Luella Hines 520

3. (b) If veteran, name was None
3. (c) Social Security No. 489-18-7998

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 11th 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>6</u>	<u>22</u>	hr. _____ min.

9. Birthplace Glendale Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation President

11. Industry or business Reliance Engraving Co.

12. Name Thomas Hines

13. Birthplace Glendale Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Anna Riordan

15. Birthplace Glendale Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. Hermann

(b) Address 2045 Alfred Ave.

17. (a) Burial (b) Date thereof 5-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshausler Mortuar
4228 So. Kingshighway

(b) Address MAY 5 1940

19. (a) (Date received local registrar) (b) J. F. [Signature]
(Date of registration)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town St. Louis 17
(If outside city or town limits write "RURAL")
2045 Alfred Ave.
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1940 hour 11:30 minute P.M.

21. I hereby certify that I attended the deceased from May 3
1940 to May 3, 1940

that I last saw him alive on May 3 (9 p.m.), 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic fever Duration
carditis involving mitral
stenosis - Myocardial infarction 15 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (Specify type of place) (e) Means of injury _____
While at work? (M. D. or other)

23. Signature [Signature] (M. D. or other) [Signature]
Address 634 N. Grand Date signed 5/4/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Jno. J. Hammond
Mo. Theatre Bldg. at 2:30 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.