

No. 2  
4-13-40  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33477**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8174**

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

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. Luke's Hospital  
(If no hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 20 years  
years, months or days)

3. (a) PRINT FULL NAME Jessie L. Hyndman

3. (b) If veteran, name war. No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Robert M. Hyndman 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Jan. 18 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 8 11 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Jesse Lingenfelter  
13. Birthplace Carelton Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Eggeston  
15. Birthplace Carelton Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert M. Hyndman  
(b) Address 325 N. Ewing Ave

17. (a) Entombment (b) Date thereof 10-2-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6185 Delmar Blvd.

19. (a) OCT 1 1940 (b) J. F. Braddock  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 325 N. Ewing Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29  
year 1940 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 14  
1940, to Sept 29, 1940;  
that I last saw her alive on Sept 28, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
carcinoma left lung metastatic  
Due to carcinoma of breast

Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations.....  
Of autopsy carcinoma of lung metastatic

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(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?

(Specify type of place) While at work? (a) Means of injury.....  
23. Signature William B. Day (M. D. or other) M.D.  
Address 3720 Washington Ave Date signed 9.30.40

**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

*J. Wm. Benkley*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis Mo*

**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, fact should be so stated above.**