

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 33858
8555
Registrar's No.Registration District No. 791Primary Registration District No. 1003

PLACE OF DEATH:

- (a) County _____
(b) City or town _____
(c) Name of hospital or institution: Homer Phillips
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)
In this community 9 yrs.

3. (a) PRINT FULL NAME Willie Davis Hinton3. (b) If veteran, name war L 3. (c) Social Security No. 1

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Hinton 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Aug 27 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 15 If less than one day hr. min.9. Birthplace Greenwood Miss. (City, town, or county) (State or foreign country)10. Usual occupation Domestic

11. Industry or business

12. Name Martin Mc Culham13. Birthplace Greenwood Miss (City, town, or county) (State or foreign country)14. Maiden name Elna Harris15. Birthplace Greenwood Miss (City, town, or county) (State or foreign country)16. (a) Informant's own signature Walter Hinton(b) Address 3226 Lawton Ave17. (a) (Burial, cremation, or removal) (b) Date thereof 10-16-40 (Month) (Day) (Year)(c) Place: burial or cremation Washington Pk18. (a) Signature of funeral director G. F. Walton(b) Address 2707 Stoddard St19. (a) OCT 16 1940 (b) J. F. Backus

(Date of death) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3226 Lawton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1940 hour 11:58 minute AM21. I hereby certify that I attended the deceased from October 3, 1940 to October 12, 1940;
that I last saw her alive on October 12, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Hypertensive Heart Disease 15 yrs.
Generalize Anasarca 6 mos.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature J. W. Johnson (M. D. or other)Address 2601 N. Whittier Date signed 10-14-40

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm C. McDowell

Licensed Embalmer No. 2114

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.