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No. 2  
-1-4-41  
5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23271  
State File No. 797  
5623  
Registrar's No. 1003

1941 AUG 28 1941 791  
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County  
(b) City or town. St. Louis, Missouri  
(c) Name of hospital or institution: St. Louis City Hospital #1  
(d) Length of stay: In hospital or institution. 7 Days  
In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 1753 Missouri Ave.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Floyd Hinton  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 30, year 1941 hour 5:00 minute A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
(b) Name of husband or wife. Naomi (c) Age of husband or wife if alive. 62 years

21. I hereby certify that I attended the deceased from June 24, 1941 to June 30, 1941 that I last saw him alive on June 30, 1941 and that death occurred on the date and hour stated above.

7. Birth date of deceased June 18, 1872  
8. AGE: Years 69 Months 0 Days 12 If less than one day hr. min.

Immediate cause of death: Atherosclerotic Heart Disease  
Due to  
Due to

9. Birthplace Axtel Kentucky  
10. Usual occupation Carpenter

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy above

11. Industry or business Odd Jobs  
12. Name Benj. F. Hinton  
13. Birthplace Kentucky  
14. Maiden name Betsy Quiggins  
15. Birthplace Kentucky

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

16. (a) Informant Paul Hinton  
(b) Address Udell, Iowa

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

17. (a) Removal (b) Date thereof June 30, 1941  
(c) Place: burial or cremation Cloverdale, Kentucky  
18. (a) Signature of funeral director W. M. C. Laughlin  
(b) Address 2301 Lafayette Ave.  
19. (a) JUL 8 1941 (b) W. B. Budeck

(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 W. B. Budeck (M. D. or other)  
Address 4515 Lafayette Ave. Date signed 6/30/41

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

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**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..... *Paul A Keith* .....

Licensed Embalmer No. *3612* .....

P. O. Address *2317 Lafayette* .....

**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.**