

SEP 17 1941

State File No.

Registration District No. 701

Primary Registration District No. Registrar's No. 6461

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 Mos. 16 Days
(Specify whether
In this community..... 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County..... 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 117
(d) Street No. 1817 Coleman
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Baby Hines

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

4. Sex mo 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... 1941 years

7. Birth date of deceased. May 16 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 16 hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

MOTHER FATHER { 11. Industry or business.....

12. Name Wald Hines
13. Birthplace St. Charles Mo. (City, town, or county) (State or foreign country)
14. Maiden name Loretta Larkin
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loretta Hines
(b) Address 1812 Coleman St

17. (a) Burial (b) Date thereof 8-8th-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director John J.A. Barrett

(b) Address 2819 Union Ave

19. (a) AUG - 7 1941 (b) J. J. Fredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th
year 1941 hour 9/10 minute A. M.

21. I hereby certify that I attended the deceased from April 21, 1941, to August 6th, 1941
that I last saw him alive on August 21, 1941
and that death occurred on the date and hour stated above.

Immediate/pause of death Prematurity
Due to..... 139
Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations None
Of autopsy None

Duration
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 L. V. Mulligan (M. D. or other) D
Address 1515 Lafayette Date signed 8/6/41

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

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.....

Wifford S. Bamley

Licensed Embalmer No.....

4202

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, fact should be so stated above.