

FILED SEP 23 1942
318

Primary Registration District No.

1000 DEATH 7003

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

1. PLACE OF DEATH:

(a) County 2601 N. Whittier Street
 (b) City or town Homer, G. Phillips Hospital.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer, G. Phillips, Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (5) days
 In this community one & half years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 090
 (c) City or town St. Louis, (If outside city or town limits, write "RURAL") 21 12 9
 (d) Street No. 1318a. Hogan, Street, (If rural, give location)
 (e) Citizen of foreign country? Born U.S.O.F.A (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Willie Hines.
 3. (b) If veteran, name war no, 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th
 year 1942. hour 1:29. minute P. M.

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Elizabeth Hines, 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased December 31st, 1905.
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>8</u>	<u>8</u>	hr. _____ min. _____

Immediate cause of death Internal hemorrhage of the left lung & stomach due to gunshot wound inflicted at the hands of one Gentle Case (Col.) at 905 N. 1st St. about 2:00 AM Sept 5, 1942

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

9. Birthplace Booneville, Miss. (City, town, or county) (State or foreign country)
 10. Usual occupation Chipper,

Major findings:
 Of operations U.S.
 Of autopsy U.S.

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

11. Industry or business American Steel Company,
 12. Name John Hines.
 13. Birthplace Mississippi, (City, town, or county) (State or foreign country)
 14. Maiden name Lillian Hines, (City, town, or county) (State or foreign country)
 15. Birthplace Tupelo, Mississippi. (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Homicide
 (b) Date of occurrence Sept 5, 1942
 (c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
in Public Place (Specify type of place)

16. (a) Informant Claret Hines
 (b) Address 1318a. Hogan, St, St. Louis, Mo.
 17. (a) by R.R. (b) Date thereof 9/14/42. (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Booneville, Miss.
 18. (a) Signature of funeral director W. Houston
 (b) Address 2812. Thomas, Street, St. Louis,
 19. (a) SEP 10 1942 (b) J. F. Bredak (Date received local registration) (Registrar's signature)

While at work _____ Means of injury _____
 23. Signature Claret Hines (M. D. or other)
 Address St. Louis, Mo. Date signed 9/10/42

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.....
myself....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*W. H. Newcomb*.....

Licensed Embalmer No. *2266*.....

P. O. Address *2812 Thomas St*.....

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.