S. No. 2
I—1-4-41
5-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 358

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 867

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:
3533 Laclede Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 15 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9 21

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3533 Laclede Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Hinds

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fem

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife D. Hinds

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November 8, 1896
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Peter Lewis
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Mary Sheppard
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant McClain Lewis
(b) Address 3420a Laclede Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Lalcede Ave.

19. (a) JAN 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/24/43 day
year 1943 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from 1/21, 1943 to 1/24, 1943
that I last saw her alive on 1/24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis 8 days

Due to: Chronic Myocarditis Hypertension 2 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature [signature] (M. D. or other)
Address 3146 a Laclede Date signed 1/26/43

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 1173

P. O. Address 3517 Saclede Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.