

FILED FEB 9 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4515 Claxton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Bartley J. Hynes.

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

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

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

7. Birth date of deceased August 5th 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 5 24 hr. min.

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

10. Usual occupation Plasterer

11. Industry or business

MOTHER FATHER { 12. Name John Hynes.
13. Birthplace Ireland.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Fahey.
15. Birthplace Ireland.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Mathews.

(b) Address 4515 Claxton Ave.

17. (a) Burial. (b) Date thereof 2-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) Feb 9 1943 (b) J. J. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4515 Claxton Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th.
year 1943 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from Jan 14, 1943
to Jan 29, 1943
that I last saw him alive on Jan 29
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 4 da

Due to La Grippe Complications 10 da

Due to.....

Other conditions (Include pregnancy within 3 months of death) 9H

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)
Means of injury.....

23. Signature Francis Conway (M. D. or other) Med
Address 5021 Union Bl Date signed 1/30/43

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

1-2
502126
K...
A...

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 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.