V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12261

State File No.

FILED APR 23 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3538

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Childrens Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day (Specify whether

In this community years, months or days) 92 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 91

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

(d) Street No. 2125 Chestnut St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME HINTON, MATTIE Lee

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race 3 Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 12 (Day) 1943 (Year)

8. AGE: Years | Months 3 | Days 2 | If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business —

FATHER
12. Name David Hinton
13. Birthplace Miss 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pearl Richardson
15. Birthplace Ark 1 (City, town, or county) (State or foreign country)

16. (a) Informant David Hinton
(b) Address 2125 Chestnut St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17 year 43 hour 5 minute 40A M.

21. I hereby certify that I attended the deceased from 4-13, 1943, to 4-14, 1943; that I last saw her alive on 4-14, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Confluent Bronchopneumonia, bilateral	20
Empyema, right, pneumococcus type XIV	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy ~~as above~~ as above

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 R. J. Blattner (M. D. or other)

Address 500 So. Kingshighway Date signed

(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 Not Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.