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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16430

Registrar's No. 4726

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:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 911 N. Garrison 21
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Millender Hines

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 2 Colored

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife

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

7. Birth date of deceased February 8, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	3	10	hr. min.

9. Birthplace Russellville Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Jessie Hines
13. Birthplace UNK Ky. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Johnson
15. Birthplace UNK Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J H Randle & Son
(b) Address 3133 Bell Ave

19. (a) MAY 22 1944 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18, year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 9, 1944 to May 18, 1944; that I last saw him alive on May 18, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Garcinoma of the Lung with generalized metastasis — Duration: Unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 49

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Alva Moore (M. D. or other)
Address 2601 Whittier Date signed 5/18/44

(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.....

Licensed Embalmer No. 269

P. O. Address 2769 Chouteau

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

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