

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35404

State File No. 10189

FILED DEC 7 1945  
318

Registration District No. Primary Registration District No. 1003

Registrar's No.

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:  
Homer Phillips Hospital (1)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 39 days  
 (Specify whether  
 In this community  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1626 Lovejoy Lane  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22  
 year 1945 hour 10 minute 50P M.  
 21. I hereby certify that I attended the deceased from  
Oct. 14, 1945, to Nov. 22, 1945;  
 that I last saw him alive on Nov. 22, 1945;  
 and that death occurred on the date and hour stated above.

4. Sex M 2. Color or race Cal  
 6. (a) Single, widowed, married, divorced W 2  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: unknown  
 (Month) (Day) (Year)

Immediate cause of death  
Uremia; Urethral Stricture-Organic?  
Chronic Cystitis-Cataract  
 Duration 2 days

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Generalized Arteriosclerosis  
 (Include pregnancy within 3 months of death)

8. AGE: Years | Months | Days | If less than one day  
About 76 | - | - | hr. - min.

9. Birthplace Sumter County, Ala!  
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Dorcas Hines  
 13. Birthplace unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Celia  
 15. Birthplace unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Senevieve Price  
 (b) Address 940 2nd St. St. Louis

17. (a) Burial (b) Date thereof 11 26 45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. J. Beal

(b) Address 2727 Locust

19. (a) NOV 28 1945 (b) J. F. Bredeh  
 (Date received local registrar) (Registrar's signature)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy No

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)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature C. Hancock (M. D. or other)  
 Address 2601 N. Whittier Date signed 11/24

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

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**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 A. W. Fickelson  
Licensed Embalmer No. 2928  
P. O. Address City

**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.**