

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

FILED FEB 13 1946  
Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 989

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

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:  
1913 Oregon Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 1913 Oregon Avenue  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARGARET HINES

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th  
year 1946 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frederick Hines

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

7. Birth date of deceased About 1868  
(Month) (Day) (Year)

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured right shoulder  
9 Right Shoulder; After fall on  
stair when deceased fell to the  
ground, covered floor in the bedroom  
at her home 1913 Oregon Ave  
on Jan 9, 1946, at about 7:30 A.M.

8. AGE:	Years	Months	Days	If less than one day
<u>About 78</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>	hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

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

12. Name John Schaumessy

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Hines

(b) Address 2819 Henrietta Street

17. (a) Burial (b) Date thereof 1-31-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Jan 9 1946

(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?  
Home

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury as above

18. (a) Signature of funeral director Wm B. Moydell

(b) Address 1926 Allen Avenue

19. (a) JAN 3 1946 (b) J. F. Medeck  
(Date received local registrar) (Registrar's signature)

Signature J. F. Medeck (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 1/30

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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 Bernard L. Duman  
Licensed Embalmer No. 2272  
P. O. Address 1926 Allen

**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.**