FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6490

FILED FEB 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1415

1. PLACE OF DEATH:

(a) County

(b) City or town ST. Luois, MO. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution City Infirmary Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-3-48 to 2-7-48 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 209 A. S. Broadway (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Hines

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 493-34-9642

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased Jan. (Month) 18 (Day) 1892 (Year)

8. AGE: Years 56 Months 0 Days 20 If less than one day hr. min.

9. Birthplace ~~Hamburg, Ark.~~ (City, town, or county) Hamburg Ark (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John Hines

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

MOTHER 14. Maiden name Martha Clampet

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal ST.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation Jonesboro, Ark.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 10 1948 (Date received by registrar) (b) J. T. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1948 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from 2-3 1948, to 2-7 1948, that I last saw him alive on 2-7 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute heart failure	2 days
Due to: Bronchial asthma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? Means of injury

23. Signature M. P. Thorney (M. D. or other)

Address 5600 Arsenal Date signed 2-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....B. W. Wilkinson.....

Licensed Embalmer No.....3575.....

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.