S. No. 300
OM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

Registration District No. 160

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33323

Primary Registration District No. 3029

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Crystal City
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 108 Broadway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William W. Hinton

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Catherine

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Oct. 5, 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	—	—	hr. min.

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

10. Usual occupation Glass Worker

11. Industry or business Pittsburgh Plate Glass Co.

FATHER
12. Name Hiram Hinton
13. Birthplace unknown Indiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Arletta Waldon
15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Hinton
(b) Address Crystal City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 8, 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Crystal City Mo.

18. (a) Signature of funeral director Gerty R. Hitte
(b) Address Crystal City Mo.

19. (a) Oct. 7 1948 (Date received local registrar) (b) Leon Belleville (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1948 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from Aug 9, 1948, to Sept 26, 1948;
that I last saw him alive on Sept 28, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial pneumonia
Embolism of the pulmonary artery

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Embolism of pulmonary artery

Duration

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 Natalie Bolgar (M.D. or other)

Address Festus, Mo. Date signed 10/6/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 9,
District File Number.....
Date Filed.....

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 Jeffrey R. Pollitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mo.

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.