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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38234

Primary Registration District No. 1003

Registrar's No. 10054

1. PLACE OF DEATH:

(a) County: St. Louis, Mo.

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

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

(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson

(c) City or town: De-Soto
(If outside city or town limits, write "RURAL")

(d) Street No.: Gen'l Delivery
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Alice Hiney

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: October (Month) 2 (Day) 1857 (Year)

8. AGE: Years 91 Months 1 Days 17 If less than one day hr. min.

9. Birthplace: Jeff Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: Self

FATHER
12. Name: Bazile Hiney
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ellen Biehl
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Helen Beckman
(b) Address: St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 22 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery-De Soto, Mo.

18. (a) Signature of funeral director: J. Lee Mothershead
(b) Address: De Soto Mo

19. (a) NOV 20 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1948 hour 4:45 PM minute M.

21. I hereby certify that I attended the deceased from 10-1- 1947 to 11- 19 1948; that I last saw her alive on 11- 19 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis	10 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Senility	

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: O. S. Jones (M. D. or other) MD
Address: 3616 S. Grandy Date signed 11-19-48

(Licensed Embalmer's Statement on Reverse Side)

10055

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 Andrew H England, Registered Apprentice No. 232, working under my personal supervision.

Signed J. Lee Mathershead

Licensed Embalmer No. 3531

P. O. Address De Soto, 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.