

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31837

State File No. 8250

FILED OCT 7 1949

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Illinois</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>NR - 2626 Hudson St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Timothy</u> b. (Middle) <u>Alan</u> c. (Last) <u>Hinman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept - 23 - 1949</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Sept - 19 - '49</u>	
9. AGE (In years last birthday) <u>5 days</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>		11. BIRTHPLACE (State or foreign country) <u>Alton - Illinois</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Kendall Hinman</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Sherrard</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or of unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kendall A. Hinman</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral damage due to anoxia at birth.</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Alton</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>9:23</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7600</u>			
22. I hereby certify that I attended the deceased from <u>9-21, 1949</u> , to <u>9-23, 1949</u> , that I last saw the deceased alive on <u>9-23, 1949</u> , and that death occurred at <u>7:22 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Klingberg</u> (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>SEPT. 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 26 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Bauman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Bent, ALTON, ILL.</u>			

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 WRITE, PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 X by Heinrich
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed J. Allen Davis Jr
Licensed Embalmer No. 4053

P. O. Address St Louis 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.