S. No. 300
. 10.48

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

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31838

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8278

1. PLACE OF DEATH
a. COUNTY ~~St Louis Missouri~~:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis MO.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Peoples Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis MO.
d. STREET ADDRESS (If rural, give location) 2832 Pine St.

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle)
c. (Last) Hinton

4. DATE OF DEATH (Month) (Day) (Year) 9-23-49

5. SEX M.
6. COLOR OR RACE Col,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wided
8. DATE OF BIRTH Sept, 6th, 1868
9. AGE (In years last birthday) 65. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janator
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Birmingham ALA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Claybon Hinton
13b. MOTHER'S MAIDEN NAME Rosie Moore
14. NAME OF HUSBAND OR WIFE None,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 492-01-4284
17. INFORMANT'S SIGNATURE OR NAME Maggie Harris **ADDRESS** 2832 Pine St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 1 yr

DUE TO (c) Nephritis — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 592 X

22. *I hereby certify that I attended the deceased from* Sept 11, 1949, *to* Sept 24, 1949, *that I last saw the deceased alive on* Sept 24, 1949, *and that death occurred at* 5.30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE D. E. Moore (Degree or title) M.D.
23b. ADDRESS 809 N. Jefferson
23c. DATE SIGNED 9/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept, 28th
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) St Louis MO. (State)

DATE REC'D BY LOCAL REG. SEP 26 1949
REGISTRAR'S SIGNATURE J. B. Lucas
25. FUNERAL DIRECTOR'S SIGNATURE Chas Price **ADDRESS** 2829 Wash. Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4441

P. O. Address 2829 Washingto

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.