

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32542

No. 300  
10-48

46  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| BIRTH NO.  |  | REG. DIST. NO. 317   |  | PRIMARY REG. DIST. NO. 6876  |  | Registrar's No. 2127   |  |
| 1. PLACE OF DEATH  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) |  |  |  |
| a. COUNTY Saint Louis County   |  | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koch Mo   |  | c. LENGTH OF STAY (in this place) 134 day  |  | d. STREET ADDRESS (If rural, give location) 2618 Dickson 1                       |  |
| 3. NAME OF DECEASED (Type or Print) Beatrice   |  | a. (First)   |  | b. (Middle) Hinton   |  | c. (Last)  |  |
| 4. DATE OF DEATH   |  | 9  |  | 3  |  | 1949   |  |
| 5. SEX Female  |  | 6. COLOR OR RACE Negro   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated                       |  | 8. DATE OF BIRTH 8-22-1916   |  |
| 9. AGE (In years last birthday) 33   |  | IF UNDER 1 YEAR Months 0   |  | IF UNDER 12 Hrs. Days 11   |  | IF UNDER 24 Hrs. Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day work   |  | 10b. KIND OF BUSINESS OR INDUSTRY unknown  |  | 11. BIRTHPLACE (State or foreign country) Greenville Miss.                             |  | 12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.  |  |
| 13a. FATHER'S NAME Phillip Gibson  |  | 13b. MOTHER'S MAIDEN NAME Eliza Lumsden  |  | 14. NAME OF HUSBAND OR WIFE James Hinton   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No   |  | 16. SOCIAL SECURITY NO. None   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rewards Robert Koch Hosp Koch Mo             |  |  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis  |  | II. OTHER SIGNIFICANT CONDITIONS Syphilis  |  |  |  | 9 mo?  |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |  | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) |  |  |  |  |  |
| 19a. DATE OF OPERATION None  |  | 19b. MAJOR FINDINGS OF OPERATION ✓   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None  |  | 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  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                   |  | 21f. HOW DID INJURY OCCUR? ✓   |  |  |  |
| 22. I hereby certify that I attended the deceased from 4-19, 1949, to 9-3-1949, that I last saw the deceased alive on 9-3, 1949, and that death occurred at 4:45 p.m., from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE Bernard Friedman, M.D.  |  |  |  | 23b. ADDRESS Koch Hospital   |  | 23c. DATE SIGNED 9-4-49  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |  | 24b. DATE 9-10-49  |  | 24c. NAME OF CEMETERY OR CREMATORY Washington Park                                     |  | 24d. LOCATION (City, town, or county) (State) St. Louis County                   |  |
| DATE REC'D BY LOCAL REG. 9-12-49   |  | REGISTRAR'S SIGNATURE Herbert R. Blank   |  | 25. FUNERAL DIRECTOR'S SIGNATURE B.B. Kwooner  |  | ADDRESS 1221 N. Grand  |  |

(Licensed Embalmer's Placement on Reverse Side)

21-C

**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.

Signed Thelma C. Coops

Licensed Embalmer No. 4600

P. O. Address 1221 3/4 Grand

Signed \_\_\_\_\_  
Student Embalmer

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.