

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10566  
State File No. 3123

BIRTH NO. \_\_\_\_\_ REC. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Pronounced Dead at Homer Phillips</i>		4. STREET ADDRESS (If rural, give location) <i>4254<sup>9</sup> FAIRFAX AVE</i>			
3. NAME OF DECEASED a. (First) <i>Katie</i> (Type or Print)		b. (Middle) <i>Hosp.</i>		c. (Last) <i>HINESMAN</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE (1)</i>	
8. DATE OF BIRTH <i>MAR. 13, 1914</i>		9. AGE (in years last birthday) <i>36</i>		10. DATE OF DEATH (Month) (Day) (Year) <i>4 - 1 - 50</i>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NIL</i>		11b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Camington TENN.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>yes</i>		13a. FATHER'S NAME <i>DONT KNOW</i>		13b. MOTHER'S MAIDEN NAME <i>FANNIE McGUIRE</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Wola B. Moss</i>		18. ADDRESS <i>- 4254<sup>9</sup> Fairfax</i>			

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES					
		DUE TO (b) <i>Pulmonary Oedema</i>					
		DUE TO (c) <i>Cardiac Hypertrophy</i>					
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 <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) <i>4254<sup>9</sup></i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *3:21 P.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Gabriel E. Taylor, Coronor</i>		(Degree or title)		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>4.3.50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIED</i>		24b. DATE <i>4-6-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>	
DATE REC'D BY LOCAL HEALTH DEPT. <i>APR 3 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Sasata</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Bernie Love</i>		ADDRESS <i>- 8103 Washington</i>	

**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

*H. C. Claude Gordon*

Licensed Embalmer No.

*3489*

P. O. Address

*4575 Alder*

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.