

FILED NOV 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38619

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9631

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE _____ b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis MO c. LENGTH OF STAY (In this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis MO 2219

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 626 a N. Garrison e. STREET ADDRESS (If rural, give location) 626 a N. Garrison Ave

3. NAME OF DECEASED a. (First) George b. (Middle) _____ c. (Last) Hines 4. DATE OF DEATH (Month) (Day) (Year) 11-9-50

5. SEX Male 6. COLOR OR RACE Col 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Sept 2-1897 9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months 2 Days 7 IF UNDER 24 HRS Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Copier Hanger 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Memphis Tenn 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Taylor Hines 13b. MOTHER'S MAIDEN NAME Not known 14. NAME OF HUSBAND OR WIFE Bessie Hines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Bessie Hines ADDRESS 626 a N. Garrison

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of Heart and Right Lung;
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES suffered when shot with gun in the hands
DUE TO (b) of one Bessie Hines (Col.) wife of
deceased in home at 626-a N. Garrison,
DUE TO (c) around 8:10 P.M. November 9, 1950
II. OTHER SIGNIFICANT CONDITIONS JUSTIFIABLE HOMICIDE
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) Justifiable Homicide 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11/9/50 8:10 a.m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? See Above E 982K

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 8:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Taylor, 3. Coroner 23b. ADDRESS 1300 Clark Ave 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-16-50 24c. NAME OF CEMETERY OR CREMATORY Greenwood 24d. LOCATION (City, town, or county) (State) St Louis Mo.

DATE REC'D BY LOCAL REG. NOV 17 1950 REGISTRAR'S SIGNATURE Jr B. Farahan 25. FUNERAL DIRECTOR'S SIGNATURE A.H. Deal ADDRESS 1027 26th St. St. Louis, Mo.

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Leroy W. Jamniet

Signed.....

Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 Euston A

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.