

S. No. 300
KV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31518**
7941
Registrar's No.

FILED SEP 22 1951

318

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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 Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 3328 Lucas			
3. NAME OF DECEASED (Type or Print) Helen		a. (First)		b. (Middle)		c. (Last) Hinton	
4. DATE OF DEATH Sept. 5 1951		5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH JAN. 7 1919		9. AGE (In years last birthday) 32 YRS		10. AGE (In years last birthday) Months _____ Days _____ Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) PADUCAH, KY.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAISTRESS		10b. KIND OF BUSINESS OR INDUSTRY CAFE		12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME Samuel Bryant	
13b. MOTHER'S MAIDEN NAME Helen Coleman		14. NAME OF HUSBAND OR WIFE Sandy Hinton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME WILLIE SANDY HINTON		18. ADDRESS 3328 LUCAS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 6 months	
*This does not mean the mode of dying, such as heart failure, asthma, 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) Hypertensive Heart Disease		DUE TO (c) _____		Undet.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculous Peritonitis		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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? 44 EXA		22. I hereby certify that I attended the deceased from 9-4 , 19 51 , to 9-5 , 19 51 , that I last saw the deceased alive on 9-5 , 19 51 , and that death occurred at 5:42 a. m. , from the causes and on the date stated above.			
23. SIGNATURE W. Harris		(Degree or title) M. D. D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 9-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-8-51		24c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, CTY MO	
DATE REC'D BY LOCAL REG. SEP 7 1951		REGISTRAR'S SIGNATURE A. F. WAGTON		25. FUNERAL DIRECTOR'S SIGNATURE A. F. WAGTON 2707 STODDARD ST			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4740th Couper

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.