

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

44886

FILED JAN 26 1953

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State File No. ....

11996

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>11996</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2199</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stone Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>19 4300 Lindell Boulevard</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>(NMI)</b>		c. (Last) <b>Hines</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 28, 1952</b>	
5. SEX <b>Male</b> <b>0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>December 18, 1877</b>		9. AGE (In years last birthday) <b>75</b>	10. IF UNDER 1 YEAR Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Jewelry &amp; Diamond</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Washington, D.C.</b>		12. CITIZENRY OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Rudolph Hines</b>			13b. MOTHER'S MAIDEN NAME <b>Johanna Brueckner</b>			14. NAME OF HUSBAND OR WIFE <b>Amy Louise Hines (Nee Dart)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Carlton Hines 4475 W. Pine Apt. 502</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL VASCULAR ACCIDENT</b> ANTECEDENT CAUSES <b>THROMBOSIS OF LEFT LENTICULO STRIATE ARTERY</b> DUE TO (b) <b>HYPERTENSIVE CARDIOVASCULAR DISEASE</b> DUE TO (c) <b>ARTERIOSCLEROTIC HEART DISEASE</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTERIOSCLEROTIC HEART DISEASE</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3WKS</b> <b>3WKS</b> <b>4-5YR'S</b>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>443X</b>			
22. I hereby certify that I attended the deceased from <b>SPRING 1949</b> to <b>12-28, 1952</b> , that I last saw the deceased dying on <b>12-15, 1952</b> , and that death occurred at <b>7:15 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert E. Koch</b>				23b. ADDRESS <b>M.D., 35 N. CENTRAL</b>		23c. DATE SIGNED <b>12-28-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>12/29/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>DEC 29 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hoffmeister Colonial Mortuary, 6464 Chippewa St., St. Louis 9, Missouri</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

Doctor Robert E. Koch

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 Harry J. Schumacher  
Licensed Embalmer No. 2679

P. O. Address 7874 1/2 Broadway

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.