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FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13599

State File No. _____

318

1003

Registrar's No. 4021

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 8 8321 Newby	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		20890	

3. NAME OF DECEASED (Type or Print) HUGH HYNES	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH May 2nd, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH February 6th 1876	9. AGE (In years last birthday) 78	# UNDER 1 YEAR Months	YEAR Days	# UNDER 24 HRS. Hours	MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) locomotive fireman	10b. KIND OF BUSINESS OR INDUSTRY railway	11. BIRTHPLACE (City and State or Foreign Country) Ireland	12. CITIZENSHIP OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hugh Hynes	13b. MOTHER'S MAIDEN NAME Mary O'Donne[ll]	14. NAME OF HUSBAND OR WIFE Katherine Hynes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. 702-10-2687	17. INFORMANT'S SIGNATURE OR NAME Kathryn Umbeck, 8321 Newby	ADDRESS
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) <i>Chronic Myocarditis</i> DUE TO (c) <i>Arterio Sclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 422.1
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?

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 805A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Patrick F. Taylor Carson</i>	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 4-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 5th, 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery, St. Louis, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. MAY 4 1954	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE DIEDRICH FUNERAL HOME, 8319 Hallsferry	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *M. Row*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.