No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2647

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0574

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis,

d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

e. STREET ADDRESS (If rural, give location) 5850 Maple Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) W. c. (Last) Hinners

4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 24, 1873

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturers

10b. KIND OF BUSINESS OR INDUSTRY Pipe Organ

11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Hinners

13b. MOTHER'S MAIDEN NAME Wilhemenia Witt

14. NAME OF HUSBAND OR WIFE Emma Hinners

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Hinners 5850 Maple Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [ ] NO [ ]

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 [X] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? ✓

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22. *I hereby certify that I attended the deceased from* 12-25, 1954, *to* 1/19, 1955, *that I last saw the deceased alive on* 1/19, 1955, *and that death occurred at* 7:40 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lucie O'Reilly M.D.

23b. ADDRESS 730 Hodiomont Av.

23c. DATE SIGNED 1/20/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1-20-55

24c. NAME OF CEMETERY OR CREMATORY Local

24d. LOCATION (City, town, or county) (State) Pekin, Illinois,

DATE REC'D BY LOCAL REG. JAN 20 1955

REGISTRAR'S SIGNATURE J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.

S.P. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul A. Wachter

Licensed Embalmer No. 478.

P. O. Address St. Louis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.