

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13453

State File No. ....

3629

Registrar's No. ....

FILED MAY 13 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 Mo** c. LENGTH OF STAY (in this place) **6 Weeks** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Mo. Baptist Hospital** STREET ADDRESS (If rural, give location) **14 4984a Tholozan Ave. 21490**

3. NAME OF DECEASED a. (First) **Martin** b. (Middle) **C.** c. (Last) **Hines** 4. DATE OF DEATH (Month) (Day) (Year) **4 22 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **5/3/1891** 9. AGE (in years last birthday) **63** IF UNDER 1 YEAR Months **11** IF UNDER 1 YEAR Days **19** IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Electrician** 10b. KIND OF BUSINESS OR INDUSTRY **Electrical** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Martin Hines** 13b. MOTHER'S MAIDEN NAME **Elizabeth Welsch** 14. NAME OF HUSBAND OR WIFE **Anna Hines**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or date of service) 16. SOCIAL SECURITY NO. **493-05-1698** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Arthur R. Loe** ADDRESS **1550 Grand Rapids Lane**

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) **Cirrhosis of liver** INTERVAL BETWEEN ONSET AND DEATH **??**  
ANTECEDENT CAUSES DUE TO (b) **Carcinoma of Stomach** **11 mo**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **Portal hypertension** **3 yr**  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **11-24-54** 19b. MAJOR FINDINGS OF OPERATION **Cirrhosis liver** 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **151X**

22. I hereby certify that I attended the deceased from **04-21-55** to **4-22-55**, that I last saw the deceased alive on **4-21-55**, and that death occurred **1955** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **D. J. Verdum, M.D.** 23b. ADDRESS **4500 Olive** 23c. DATE SIGNED **4-22-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4/25/1955** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo**

DATE REC'D BY LOCAL REG. **APR 25 1955** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Mr Arthur J. Donnelly** ADDRESS **3840 Lindell Blvd.**

(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 me or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. E. Saylor \_\_\_\_\_

Licensed Embalmer No. 469

P. O. Address 3840 Lind

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.