

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42174**
Registrar's No. **11525**

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 Mo. b. COUNTY	
b. CITY OR TOWN ST. LOUIS	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION PROVISED CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 22 535 So. 23rd ST.	

3. NAME OF DECEASED (Type or Print) James	a. (First)	b. (Middle)	c. (Last) Hinton	4. DATE OF DEATH (Month) (Day) (Year) DEC 21 55.
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-4-1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hour	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired laborer	10b. KIND OF BUSINESS OR INDUSTRY Tobacco Factory	11. BIRTHPLACE (City and State or Foreign Country) Pie King Hill, Ala.	12. CITIZEN OF WHAT COUNTRY? U.S. A
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13a. FATHER'S NAME Hinton	13b. MOTHER'S MARDEN NAME unknown	14. NAME OF HUSBAND OR WIFE SUSIE HINTON
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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. 489-10-5469	17. INFORMANT'S SIGNATURE OR NAME Willie Hinton	ADDRESS 2332 Market
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion (Sclerosis)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.1	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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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 **8:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Quinn	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 12/30/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 12-31-55	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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DATE REC'D BY LOCAL REG. DEC 30 1955	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Home	ADDRESS 215 So. Jefferson
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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..... *S. J. Watson*

Licensed Embalmer No. *269*

P. O. Address *2749 Ch*

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.