

Health, Welfare, Public Service

FILED FEB 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007349

STATE FILE NUMBER

833

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pagedale 4281	
d. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist			Length of stay in lb 4 Wks.	d. STREET ADDRESS (If outside, give location) 1509a Partridge	
3. NAME OF DECEASED (Type or print) Edward C. Hinson			First Hospital Middle Last	4. DATE OF DEATH Month 1 Day 22 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 3, 1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Statler Hotel	11. BIRTHPLACE (City and state or country) Morse Mill, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edw. L. Hinson		13b. MOTHER'S MAIDEN NAME Missouri Huskey		14. NAME OF HUSBAND OR WIFE Tessie Hinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 493-09-8162	17. INFORMANT Address Edw. A. Hinson, 1509a Partridge		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensation 1 mo. DUE TO (b) Hypertensive Cardiovascular disease 2 yrs DUE TO (c) Central disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x					INTERVAL BETWEEN ONSET AND DEATH 1 mo.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from Death occurred at Jan 56 to 22 Jan 58 and last saw him alive on 21 Jan 58 at 4 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased or wife) Richard D. Jones MD			22b. ADDRESS 3720 Washington		22c. DATE SIGNED 1-23-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/24/58	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	23d. LOCATION (City, town, or county) St. Louis County	STATE Mo.	
24. FUNERAL DIRECTOR Drehmann-Harral,		ADDRESS 1905 Union Blvd.	25. DATE RECD. BY LOCAL REG. JAN 23 58	26. REGISTRAR'S SIGNATURE Carl Smith MD	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

Dr. Richard Jones
Missouri Baptist Hospital
10:30 or 11:00 A.M. Thurs.
Have girl page Dr. Jones

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 *Alfred D. Thompson*

Licensed Embalmer No. *4437*

P. O. Address *St. Louis*

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.