

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030520
STATE FILE NUMBER
8067

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8067

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 27 HOSPITAL OR INSTITUTION H.G. Phillips Hosp. 55 yrs 2069		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHESTER J. HINDS			4. DATE OF DEATH Month Day Year 8 16 1958		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/29/1885	9. AGE (In years last birthday) 72	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired mail clerk
11. BIRTHPLACE (City and state or country) U. S. Government, Unknown, Miss. /		12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME William Hinds	
13b. MOTHER'S MAIDEN NAME Lydia Peques		14. NAME OF HUSBAND OR WIFE Katie Hinds		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO None	
16. SOCIAL SECURITY NO. —		17. INFORMANT Katie Hinds		Address 1375 Arlington	
18. CAUSE OF DEATH (Enter only one cause of death for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gangraena of the Intestines</i> <i>Casualty</i> <i>Cardiac Hypertrophy</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Cardiac Hypertrophy</i> DUE TO (c) <i>Pulmonary Infarction</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>5705</i>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>345 A</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James M. Kelly</i> (Degree or title) <i>Deputy</i>		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>8-19-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>8/22/58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Peters Cemetery</i>	
23d. LOCATION (City, town, or country) <i>St. Louis County, Missouri</i>		23e. DATE RECD. BY LOCAL REG. <i>AUG 19 58</i>		23f. REGISTRAR'S SIGNATURE <i>f. Earl Smith</i>	
24. FUNERAL DIRECTOR <i>Charles J. Gates</i>		ADDRESS <i>4107 Finney</i>		25. REGISTRAR'S SIGNATURE <i>f. Earl Smith</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

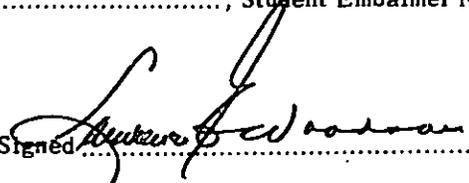
MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms with be stated. All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 4341

P. O. Address ...4107 Finney....

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.