Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041695
STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10664

1. PLACE OF DEATH
a. COUNTY: Saint Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Homer G. Phillips — Length of stay in 1b: 27 30 69

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: Saint Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5047 Page — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Ethel Middle: Last: Hinton

4. DATE OF DEATH: Month 11 Day 2 Year 58

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: 11-11-1874
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 11 Days 27 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cherry Valley, Ark.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Jeff Hopkins
13b. MOTHER'S MAIDEN NAME: Judie ?
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT: Mrs. Clara Smith Address: 5047 Page Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 332x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): PARKINSONISM
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-15-58, to 11-2-58 and last saw her/him alive on 11-2-58
Death occurred at 6:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul U. Larson (Degree or title) M.D.
22b. ADDRESS: 2601 Whittier Street
22c. DATE SIGNED: 11-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-7-1958
23c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery
23d. LOCATION (City, town, or county) (State): Lemay, Missouri

24. FUNERAL DIRECTOR: G. B. Konce ADDRESS: 1221 N. Grand
25. DATE RECD. BY LOCAL REG.: NOV 6 '58
26. REGISTRAR'S SIGNATURE: J. Carl Smith MD m&B

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed Melvin Blackburn

Signature of Student Embalmer

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand

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.