S. No. 2
M—5-42
v. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

Registration District No. 184

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Je 395-34803

State File No.

Primary Registration District No. 115

Registrar's No. 2074

**1. PLACE OF DEATH:**

(a) County: St Louis

(b) City or town: ~~Rural~~ ~~St. Louis~~ CLAYTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: C. Hoe ~~Accident on Street~~ 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: 000

(c) City or town: St Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 5401 CADANNE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: /

3. (a) PRINT FULL NAME: Robert C Hintz Jr

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive: None years

7. Birth date of deceased: Feb (Month) 5 (Day) 1927 (Year)

8. AGE: Years 15 Months 8 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace: Stl (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: School

11. Industry or business: Cote Brilliant Jr. H.S.

FATHER
12. Name: Robert Hintz
13. Birthplace: Stl (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name: Hazel Musick
15. Birthplace: Stl (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Mrs Hazel Hintz
(b) Address: 5401 Cabanne

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/9/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Laurel Hill Cem

18. (a) Signature of funeral director: Provost Und. Co.
(b) Address: 3710 N. Grand, St. Louis

19. (a) OCT - 6 1942 (Date received local registrar) (b) C. G. McHaran M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 5 year 1942 hour 8:20 minute P M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Struck by a hit and run truck while riding on a bicycle on a public highway. | |
| Due to: Multiple bilateral baselar skull fracture; Fractured | |
| Due to: mandible, maxilla & nasal bone; Subarachnoid hemorrhage; lacera- | |
| Other conditions: tions of both lungs. (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: 1105
Of autopsy: Yes. 1125

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident. 117

(b) Date of occurrence: Oct. 5, 1942

(c) Where did injury occur? 6300 Olive St. Rd. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? ..... (e) Means of injury: 10

23. Signature: Louis H. Gaff Coroner (M. D. or other)

Address: Kirkwood, Mo. Date signed: 10/6/42

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert L. Dunkman

Licensed Embalmer No. 3533

P. O. Address 3710 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 this body is not embalmed, fact should be so stated above.**