

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **2 Days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Baby Hines**

3. (b) If veteran, name war..... **no**
3. (c) Social Security No..... **None**

4. Sex **Female** / 5. Color or W race.....
6. (a) Single, widowed, married, divorced..... **Single**

6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **Nov 11 1942**
(Month) (Day) (Year)

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

9. Birthplace..... **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name..... **Walter Hines**
13. Birthplace..... **St. Charles Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Loretta Larkin**
15. Birthplace..... **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Walter Hines**

(b) Address..... **2 723a Howard St.**

17. (a) **Burial** (b) Date thereof..... **11-14-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cem.**

18. (a) Signature of funeral director..... **Cullinane Bros.**

(b) Address..... **1710 N. Grand Blvd.**

19. (a) **NOV 14 1942** (b) **J. F. Beedeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **2723a Howard St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day..... **12**,
year..... **1942** hour..... **11:45** minute..... **P.** M.

21. I hereby certify that I attended the deceased from..... **November 11**,
19**42**, to..... **November 12**, 19**42**
that I last saw her..... alive on..... **November 12**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
premature newborn

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... **Refused**

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

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

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

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

While at work?..... (2) Means of injury

23. Signature..... **C. S. Meeker** (M. D. or other)
Address..... **1515 Lafayette Avenue** Date signed..... **11/13/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

No Embalming

Signed *Fred Frick*

Licensed Embalmer No. *3186*

P. O. Address *St. Louis Mo.*

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.