

Nº 2692

CITY OF ST. LOUIS

No. of Certificate 1872

Bureau of Vital Statistics
DIVISION OF HEALTH

CERTIFIED COPY OF DEATH

Full Name Patrick Hynes Place of Death 6116 Easton

Address: No. 6123 Ridge Street

UNDERTAKER'S REPORT OF DEATH				
SEX	Male		COLOR	White
DATE OF BIRTH	(Month)	(Day)	(Year 19)	
AGE	YEARS	MONTHS	DAYS	
SINGLE, MARRIED WIDOWED OR DIVORCED	Single			
BIRTHPLACE (State or Country)	United States			
NAME OF FATHER	----			
BIRTHPLACE OF FATHER (State or Country)	----			
MAIDEN NAME OF MOTHER	----			
BIRTHPLACE OF MOTHER (State or Country)	----			
OCCUPATION	Baseball Player			
Calvary Cemetery.				
A. J. Donnelly				Undertaker.

MEDICAL CERTIFICATE OF DEATH			
(To be signed by physician last in attendance of deceased)			
Date of Death	March	12,	19 07
	Month	Day	Year
I HEREBY CERTIFY, That I attended deceased from			
19	to	19	that I last saw him alive on
19			and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: Gunshot wound of			
Lungs (Homicide)			
Contributory		Duration	Days
		Duration	Days
(Signed) H. W. Fath, D.C.		XXXX	
March 12, 19 07		Address: ----	

Burial Permit Filed March 13, 19 07

Helen L. Bruce, M.D.

Health Commissioner.

Bertha Monkton
Deputy Registrar.

Lois Dunajcik
Secretary to Health Commissioner.

Countersigned:

Raymond T. Dencich
COMPTROLLER

OFFICE OF HEALTH DEPARTMENT:—I, the undersigned, Secretary to Health Commissioner, hereby certify the foregoing to be a true copy from the Death Records in this office.

FEE \$2.00

Dorothy Whalen
Register