

N<sup>o</sup> 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 EastonAddress: No. 6123 Ridge Street

## UNDERTAKER'S REPORT OF DEATH

SEX	Male			COLOR	White		
DATE OF BIRTH	(Month)	(Day)	(Year 19 )				
AGE	YEARS	MONTHS	DAYS				
	23	---	---				
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, 1907  
Month Day YearI 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 ..... m.

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, 1907 Address: -----Burial Permit Filed March 13, 1907Helen L. Bruce, M.D.

Health Commissioner.

Bertha Monkton  
Deputy Registrar.

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  
RegisterLois Dunajick  
Secretary to Health Commissioner.

Countersigned:

Raymond T. Dencich  
COMPTROLLER