WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully suppl. d. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 10086

Township ..... Primary Registration District No. ..... Registered No. 2093

City St. Louis, (No. 3603 Nebraska Avenue. St. ..... Ward)

2. FULL NAME Vivian C. Hinkamp.

(a) Residence, No. 3603 Nebraska Avenue. St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1932.

7. AGE: YEARS -- MONTHS 1 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME Victor Hinkamp.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

MOTHER
15. MAIDEN NAME Helen Hahn.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Victor Hinkamp 3603 Nebraska Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus Cem. DATE Mar. 4, 1932

19. UNDERTAKER (ADDRESS) J. H. Gebken Und. Co 2842 Meramec Str.

20. FILED [illegible] 1932 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1932, to Mar. 1, 1932

I last saw her alive on Mar. 1, 1932. Death is said to have occurred on the date stated above, at 11 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia from cellulitis of left foot - from infection cause unknown	2-22
Broncho-pneumonia (Rt.)	2-29

Other contributory causes of importance:

1 [illegible] (1)

Name of operation Incision in foot Date of 3-1-32

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Victor F. Kloepper M. D., M. D.
(Address) 204-207 Chippewa Trust [illegible]