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

N. B.—Every item of information should be carefully supplied. 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.

File No. 24704
Registered No. 6849

1. PLACE OF DEATH

County ..... Registration District No. 79L
Township ..... Primary Registration District No. 1003
City St. Louis (No. City Hospital ..... St. ..... Ward)

5697

2. FULL NAME Donald Hinson

(a) Residence, No. 5001a Cates St., W Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 22-1920

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	12	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

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) Canada

FATHER

13. NAME Ralph Hinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sulphur Springs Mo.

MOTHER

15. MAIDEN NAME Dorothy De Vots

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Cycle DATE 7/25 1932

19. UNDERTAKER John J. Callaghan & Bro
(ADDRESS) 918 N. Grand

20. FILED JUL 23 1932 Ray C. Hardy Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 6 1932 to July 21 1932

I last saw him alive on July 21 1932. Death is said to have occurred on the date stated above at 9.40 P.M.

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

	Date of onset
Sarcoma of femur	
5.10.53 D	
7.18.53 D	

Other contributory causes of importance:

Sarcoma of lung (metastatic)

Name of operation Biopsy of femur Date of 4-18-32

What test confirmed diagnosis? X Ray + Biopsy Was there an autopsy? No

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? .....
If so, specify .....

(Signed) Jerome Johnson, M. D.
(Address) City Hospital