

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

Do not use this space.

27869

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township St. Louis Primary Registration District No.....  
City St. Louis (No. 4410 Minnesota Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No.....  
Registered No. 7720  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Hihn  
(a) Residence, No. 4410 Minnesota Ave 15 Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Hihn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12<sup>th</sup> 1871</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>2</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Foundry Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>39</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23<sup>rd</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/10 1932 to Aug. 23 1932  
I last saw him alive on Aug. 18 1932. Death is said to have occurred on the date stated above, at 2:10 P.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach Date of onset Several months ago.  
46B  
General dropsy 1 month ago

Other contributory causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Clinical only Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None 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. None

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) J. W. Coffman M. D.  
(Address) 6607 Va. Ave. St. Louis Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>
	13. NAME <u>Joe. Hihn</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany. 10</u>
	15. MAIDEN NAME <u>Mary Messmer</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis 1</u>
	17. INFORMANT (ADDRESS) <u>Mary Hihn 4410 Minnesota Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>United Meth. Cem.</u> DATE <u>Aug 25<sup>th</sup> 1932</u>	
19. UNDERTAKER (ADDRESS) <u>Wm. Schumacher 3013 Marquette St.</u>	
20. FILED <u>AUG 24 1932</u> 19 <u>Max C. Stakley</u> Registrar.	

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.

WHILE FILLING IN THIS FORM WITH UNFADING INK. THIS IS A PERMANENT RECORD

8-10