

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

Do not use this space.

31551

1. PLACE OF DEATH

County St. Louis
Township
City University City (No. 784 Yale Ave.)

Registration District No. 1160
Primary Registration District No. 4470

File No. _____
Registered No. 96
St. _____ Ward _____

2. FULL NAME

Frank Hinchey

(a) Residence, No. 784 Yale Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1867.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>67</u>	<u>7</u>	

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

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) Missouri.
(STATE OR COUNTRY)

13. NAME Patrick Hinchey

14. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

15. MAIDEN NAME Daugherty

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

17. INFORMANT Myrtle S. Hinchey
(ADDRESS) 784 Yale Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE Aug. 11, 1934

19. UNDERTAKER Philip M. Coraig
(ADDRESS) 4468 Washington Blvd.

20. FILED Aug. 10, 1934 Lucas V. M. Keller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1931, to Aug. 9, 1934

I last saw him alive on Aug. 9, 1934. Death is said to have occurred on the date stated above, at 4:45 P.M.

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

Cerebral infarct
131
780
95 P
131

Date of onset 8/3/34

Other contributory causes of importance:
Cardiac decompensation
myocarditis, chronic
muscular fibrillation
neuropathic, etc. int.

Name of operation..... Date of.....
What test confirmed diagnosis? general exam 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? no

If so, specify C. C. Gilliland
(Signed) metropolitan
(Address)

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.

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