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.

38112

NOV 22 1934

1. PLACE OF DEATH
County St Louis
Township Carondelet
City St Louis (No. ..... St. ..... Ward)
Registration District No. 1123
Primary Registration District No. 6248 B
File No.
Registered No. 367

2. FULL NAME Simon Hinkle
(a) Residence, No. 211 a Rankin St., ... Ward. St Louis Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE B
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jephyr Hinkle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-9-1891
7. AGE YEARS 43 MONTHS DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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 30

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

FATHER
13. NAME Simon Hinkle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Ida
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Zephyr Hinkle 211 a Rankin
18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 10-25 1934
19. UNDERTAKER (ADDRESS) Barney & Love Mnd Co 3103 Washington Blvd
20. FILED 10-23 1934 B. H. Tate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934, to Oct - 20, 1934
I last saw him alive on Oct 20, 1934. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
23	
Other contributory causes of importance: Chronic Atlas Media Rt. Carbuncle Left Scapula	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) C. J. Herbert, M. D.
(Address) Koch Hospital Koch, Mo