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

SEP 16 1935

Do not use this space.

27562

File No. 791

Registered No. 1003

Registered No. 6583

1. PLACE OF DEATH

County: 2

Township: X

City: St Louis (No. City Hosp St. Ward)

A5198

2. FULL NAME: Nora Hink

(a) Residence, No. 2118 Mulberry St., Ward 20
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 16 1864

7. AGE: Years 71 | Months 5 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Ind

FATHER

13. NAME: Raphael Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davis County Ind

MOTHER

15. MAIDEN NAME: Elizabeth Child

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dogin Co Indiana

17. INFORMANT (ADDRESS): Hosp Dy City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: Aug 5 1935

19. UNDERTAKER (ADDRESS): Francis J Lakey Mathews Co

20. FILED: AUG 2 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/2 1935

I HEREBY CERTIFY, That I attended deceased from 7/30 1935 to 8/2 1935

I last saw her alive on 8/2 1935. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

	Date of onset
Cerebrovascular Fract	
Rt. Hip	
Other contributory causes of importance:	
Bronchopneumonia	7/30/35

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? Accident Date of injury ? 19

Where did injury occur? No history available (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Fall

Nature of injury: Fracture Rt Hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. B. Sieger, M. D.

(Address) City Hosp