

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

Do not use this space.

42092

1. PLACE OF DEATH *JAN 23 1936*

County *St. Louis*
Township *Central*
City *Richmond Mo* (No. *St. Mary Hospital*)

Registration District No. *1170*
Primary Registration District No. *62484*

File No. _____
Registered No. *250* St. _____ Ward)

2. FULL NAME *Stella Hinek*

(a) Residence, No. *4029 Juniata St.* St. _____ Ward. _____

(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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 2, 1892*

7. AGE YEARS *43* MONTHS *5* DAYS *14* IF LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Frederick Croak Co.*

10. Date deceased last worked at this occupation (month and year) *about 6 weeks ago* 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *Mo*

13. NAME *William Hinek*

14. BIRTHPLACE (CITY OR TOWN) *Sanger* (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Veter Grein*

16. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY) _____

17. INFORMANT *William Hinek* (ADDRESS) *4029 Juniata St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Matthews* DATE *12-19-35*

19. UNDERTAKER *They Shaffer Mortuaries* (ADDRESS) *4278 So. Main St. St. Louis*

20. FILED *12/17*, 19 *35* *St. Louis* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-16*, 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 22*, 19 *33*, to *Dec 16*, 19 *35*

I last saw her alive on *Dec 16* Death is said to have occurred on the date stated above, at *11:50 P.M.*

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

Carcinoma Breast.

Date of onset _____

50

Other contributory causes of importance: *Metastasis to liver and mediastinum*

Name of operation *Excision of Breast* Date of *9-27-33*

What test confirmed diagnosis? *Pathologic 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 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 _____

(Signed) *W. Keightley*, M. D. (Address) *3720 Washington Blvd.*

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.

Dr. Wm. Lighter

3720 Washington

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11/17/1914