

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.

APR 25 1936

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

Do not use this space.

13586

1. PLACE OF DEATH

County Saint Louis Registration District No. 1170
Township Central Primary Registration District No. 6248H
City Richmond St. No. No. 1616 South Hanley Road St. _____ Ward _____

File No. _____
Registered No. 80
St. _____ Ward _____

2. FULL NAME Mary Ellen Hinch

(a) Residence, No. 1616 S. Hanley Road St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10, 1934</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>11</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
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) Saint Louis
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Theodore Hinch

14. BIRTHPLACE (CITY OR TOWN) Keokuk
(STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Gladys Spann

16. BIRTHPLACE (CITY OR TOWN) Ozawkie
(STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Gladys Hinch
1616 South Hanley Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Mar. 21, 1936

19. UNDERTAKER (ADDRESS) Charles J. Latta
4167 Finney Avenue

20. FILED 3/20 1936 Gertrude Porter
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18th, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 11th, 1936, to March 18th, 1936
I last saw her alive on March 18th, 1936. Death is said to have occurred on the date stated above, at 8:50 A.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 3/11
1936

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide XXXX 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) H. E. Moore, M. D.
(Address) 809 North Jefferson Avenue

