

APR 27 1937

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

Do not use this space.

13701

## 1. PLACE OF DEATH

County *St. Louis*Registration District No. *1170*File No. *13701*Township *Jefferson*Primary Registration District No. *6248-H.*Registered No. *54*City *Richmond Heights* (No. *199 Marys Hospital*) St. *1* Ward *1*2. FULL NAME *Mary Catherine Hinkebein*(a) Residence, No. *1363 Louisville* St. *1* Ward *1*

(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

*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) *Dec 21 1935*

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*1**2**00*

## OCCUPATION

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

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) (STATE OR COUNTRY)

*St. Louis Missouri*

## MOTHER FATHER

13. NAME *Wm Hinkebein*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Beopole Missouri*15. MAIDEN NAME *Ann Mallagh*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Belford Ireland*17. INFORMANT *Wm Hinkebein* (ADDRESS) *1363 Louisville*

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. Peter & Paul* DATE *2/23 1937*19. UNDERTAKER *Thomas G. Finnan* (ADDRESS) *8900 Bristle*20. FILED *Feb. 22 1937* *Shue A. Bassett* Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *February 21, 1937*22. I HEREBY CERTIFY, That I attended deceased from *Feb 14*, 1937, to *Feb 21*, 1937I last saw him alive on *Feb 21*, 1937. 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:

*Chronic Hepatitis (Cause unknown)*

Date of onset

*2*

Other contributory causes of importance:

*1070  
Bronchitis pneumonia 1 day*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *(yes)*

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) *Geo P. Costello*, M. D.(Address) *Lister Bldg, St. Louis*

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.

