

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

Do not use this space.

JUN 29 1937

21274

1. PLACE OF DEATH

County St. Louis
Township Jefferson
City Maplewood (No. 3500, Cambridge St. 7 Ward)

Registration District No. 786
Primary Registration District No. 4469

File No. 21274
Registered No. 26

2. FULL NAME

(a) Residence, No. 422 Bonapart St. Webster Groves Ward. Webster Groves
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 - 1866

Last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 71 2 8

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

Chronic Myocarditis

Date of onset

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chas. Eck Engineering

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 50

Other contributory causes of importance:

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

13. NAME George H. Hinchman

Name of operation none Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kershville Indiana

What test confirmed diagnosis? medical Was there an autopsy? no

15. MAIDEN NAME Elizabeth McFarland

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT George Hinchman (Address) 422 Bonapart and C.E.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE May 29, 1937

Manner of injury _____

Nature of injury 4

19. UNDERTAKER Parker and Co (Address) Webster Groves

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

20. Filer Pauline Cresta (Address) St. Louis Co

(Signed) John O'Connell, M. D.

Registrar

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.

