

Registration District No. **791** Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 64 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Helena Elisabeth Hinckley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank A. Hinckley 6. (c) Age of husband or wife if alive Deed. years

7. Birth date of deceased Sept. 16th, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 0 hr. min.

9. Birthplace Boscobel, Wis.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Adam Bobel

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elisabeth Degenhardt

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Adam Bobel

(b) Address 6619 Alamo Ave.

17. (a) Burial (b) Date thereof 12-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton, Ontario Canada

18. (a) Signature of funeral director Funerary Hld Co.

(b) Address 3710 N. Grand Blvd.

19. (a) DEC 17 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6619 Alamo Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1940 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from May
May 25, 1940, to Dec 16, 1940
that I last saw her alive on Dec 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 2 days
unspecified

Due to Age infirmities

Due to _____

Other conditions FRacture Right Hip 5:25:40
(Include pregnancy within 3 months of death)

Ischio Rectal Abscess & Fistula

Major findings: Of operations _____

Of autopsy 186a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Clayton, Mo

(c) Where did injury occur? about home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
fall to floor
While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature Vincent J. Gurneand (M. D. or other) MD
Address 3101 Sulton Ave Date signed 12-17-40
Maplewood Mo

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
Kenneth Jones, Registered Apprentice No. 238
working under my personal supervision.

Signed Robert L. Pinkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.