S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 0

Registration District No. 784 SEP 8 1942

Primary Registration District No. 280

Registrar's No. 1786

28172

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

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1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4137 Holly Hills
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME William W. Hinchey
3. (b) If veteran, name war
3. (c) Social Security No. UNKN
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sue
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec. (Month) 18 (Day) 1865 (Year)

8. AGE: Years 76 Months 8 Days 5 ~~25~~ If less than one day hr. min.

9. Birthplace UNKN (City, town, or county) 9 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER
12. Name William J. Hinchey
13. Birthplace Dublin, Ireland (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Lucinda J. Hoffman
15. Birthplace Ste Genevieve, Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant A. S. Hinchey
(b) Address 4137 Holly Hills
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation Arcadia, Missouri
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Ave.
19. (a) AUG 25 1942 (Date received local registrar) (b) E. G. McGarron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1942 hour 12 minute 10 A M.
21. I hereby certify that I attended the deceased from July 19, 1942, 19 to Aug 23, 1942
that I last saw him alive on Aug 20, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	yrs
Due to Chr. Myocarditis	yrs.
Due to Senility	yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
93d

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C H Denny (M. D. or other) MD
Address Creve Coeur, Mo Date signed 8-23-42

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(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo

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, fact should be so stated above.