

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

35477

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 1 1942

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 9659

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Virgil Hinkle

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VIDIA 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased DEC 18, 1907  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>11</u>	<u>-</u>	.....hr. ....min.

9. Birthplace CANTWELL MO  
(City, town, or county) (State or foreign country)

10. Usual occupation TRUCK DRIVER

11. Industry or business OWNER

12. Name JOSEPH HINKLE

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

14. Maiden name MINNIE BAKER

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

16. (a) Informant Willard Hinkle

(b) Address 305 Kraus St.

17. (a) BURIAL (b) Date thereof 11/20/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Josephs Cem

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 7128 Michigan Ave

19. (a) NOV 20 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County.....  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2221 S. BROADWAY  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18,  
year 1942 hour 4:00 minute 40 P.M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to November 18, 19.....  
that I last saw him alive on November 18, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumonic Heart Disease  
Mitral & Aortic Stenosis

Due to ascites

Due to Pulmonary edema

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy as above  
OK'd by coroner

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Louis G. Heddy M.D. or other.....  
Address 1515 Lafayette Date signed 11/18/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *Harry J. Shroyer*.....

Licensed Embalmer No. *2679*.....

P. O. Address. *732 Tom Sawyer*.....

**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.**