

FILED DEC 22 1943 18

Registration District No. \_\_\_\_\_

Primary Registration District No. 4

1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. John's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3-weeks  
In this community Life.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12  
(d) Street No. 5133 Cologne Ave., (If rural, give location) 9/5  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME George Hinkle

(b) If veteran, name war None 3. (c) Social Security No. 493-10-9679

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Magde 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased Dec. 23rd, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 11 13 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Bus Driver

11. Industry or business Public Utility

MOTHER FATHER { 12. Name Chas. Hinkle  
13. Birthplace Germany (State or foreign country) 4  
14. Maiden name Anna Kraemer (City, town, or county) (State or foreign country) 4  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Madge Hinkle  
(b) Address 5133 Cologne Ave

17. (a) Burial (b) Date thereof 12/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John J. Ziegler  
(b) Address 7027 Gravois Ave.

19. (a) DEC 8 1943 (b) J. F. Budzak  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th  
year 1943 hour 8:33 minute A. M.  
21. I hereby certify that I attended the deceased from now  
14-43 1943 to Dec 6 1943  
that I last saw him alive on Dec 6 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) gik

Major findings: Of operations \_\_\_\_\_  
Of autopsy none 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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature R. H. Land (M. D. or other) \_\_\_\_\_  
Address 2901 Parkway Date signed 12-7-43

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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *E. P. Kidwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address *7027 Gravois* .....

**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.**