. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9058

Registrar's No. 2682

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: 0
St. Louis Children's 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)

2. USUAL RESIDENCE OF DECEASED: 94

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre 2
(If outside city or town limits, write "RURAL")

(d) Street No. 15 Benham NR
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Jesse Edward Hinkle Jr

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 31 (Day) 1944 (Year)

8. AGE: Years | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Jesse Hinkle, Sr.
13. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Ethel Young
15. Birthplace Iron County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Jesse Hinkle
(b) Address Bonne Terre, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAR 21 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1944 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from Mar. 17 2:50P.M. 1944 to 10:00 P.M. 1944
that I last saw him alive on March 17 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cc. Pneumococcic Meningitis Type V	1wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

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 G. B. Forber (M. D. or other)
Address 1500 S. Kingshighway Date signed 3-18-44

(Licensed Embalmer's Statement on Reverse Side)

2682

2682

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. Albert G. Kappe

Licensed Embalmer No. 2971

P. O. Address.....

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.