V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 27 1945

State File No. 22056

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5989

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Wks. (Specify whether
In this community 3 Wks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 28
(c) City or town Steelville Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0 NR
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fannie Hinch

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

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Theodore Hinch
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Feb. (Month) 22 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
51	4	17	hr. min.

9. Birthplace Steelville (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name John S. Boyster Salem
13. Birthplace Sullivan (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Susan Martin
15. Birthplace Steelville (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Theo. Hinch
(b) Address Steelville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Steelville Mo
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd
19. (a) JUL 10 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 45 hour 1945 minute 55 P.M.
21. I hereby certify that I attended the deceased from 8/21, 1940, to 7-9-45, 19
that I last saw her alive on 7-9-45, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cucinoma Stomach Primary Stomach
Due to
Due to Liver
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cu Stomach & Liver
Of autopsy

Duration

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 P B Cappel (M. D. or other) MD
Address 3284 Lyndhurst Date signed 7-10-45

(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 Jos. E. McCullok

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.