S. No. 2
0M—5-43
v. 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

State File No. 31975

FILED NOV 10 1945

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9299

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
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community

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. 309 W. Kraus
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH HINKLE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December (Month) 4 (Day) 1870 (Year)

8. AGE: Years 74 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Andrew Hinkle
13. Birthplace ----- (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Deliah Hughes
15. Birthplace ---- (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs. Minnie Hinkle
(b) Address 309 W. Kraus

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/45 (Month) (Day) (Year)
(c) Place: burial or cremation Sprott, Mo.

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

19. (a) OCT 27 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25 year 1945 hour 5:20 minute P M.

21. I hereby certify that I attended the deceased from October 25, 1945, to October 25, 1945; that I last saw him alive on October 25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pyelonephritis — Duration

Due to

Due to

Other conditions Nephrolithiases, abdominal aneurysm of aorta
(Include pregnancy within 3 months of death)

Major findings:
Operation Non-specific
Autopsy Same

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 Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette Ave. Date signed 10/26/45

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

(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 George N. Archambault Registered Apprentice No. XXX working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2906

P.O. Address 7128 Michiggn Ave.

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.