No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29128

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7852

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

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: 1612 So. 12th St. (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:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 1612 So. 12th St. (If rural, give location) 9

23 (e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sullivan Hinkle

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 1, 1895 ~~1893~~ (Month) (Day) (Year)

8. AGE: Years 52 ~~54~~ Months 1 Days 15 If less than one day hr. min.

9. Birthplace Sikeston (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

12. Name Casper Hinkle

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

14. Maiden name Margaret Harris

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

16. (a) Informant Lucille Reynolds

(b) Address 5277 Waterman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-47 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

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

Con. by aff. Hallens R. Stalle

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1947 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 5th, 1947, to August 16, 1947 that I last saw him alive on August 15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tbc	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 A. Kaplan (M. D. ~~or other~~)

Address 607 N. Grand Date signed 8-18-47

Jefferson City Printing Co. (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.....

Licensed Embalmer No. 4053

P. O. Address St. Louis

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.*

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THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No.
Local Registrar's No. 7852

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 26th day of August, 1947, before me appears Lucille Reynolds, who, upon her oath, states that the original record of ~~birth~~ death for SULLIVAN HINKLE ~~born~~ died August 16th, 1947 in the State of Missouri, and which was filed at St. Louis, Mo on 8/16/, 1947, should be corrected as follows:

Item No. 7 should read July 1, 1895
Instead of July 1, 1893

Item No. 8 should read 52 years - 1 month - 15 days
Instead of 54 years - 1 month - 15 days

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lucille Reynold Daughter
Relationship.

5277 Waterman Avenue.,
Present Address.

Subscribed and sworn to before me this 26th day of August, 1947

My Commission expires Oct 24, 1947 [signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
X36929

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