No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6492
Registration District No. 318 Primary Registration District No. 1003 ; Registrar's No. 1528

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: St. Anthony Hosp. 0
(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 020
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3135 Chippewa St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Osman E. Hinman
3. (b) If veteran, name war ---
3. (c) Social Security No. 549-22-0720

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept. (Month) 25 (Day) 1874 (Year)

8. AGE: Years 73 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Newton (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Real Estate Salesman
11. Industry or business Hahn-Lippelmann
FATHER
12. Name Ben Hinman
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Mary Reed
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Emma Hinman
(b) Address 3135 Chippewa St.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Wacker-Schlafly
(b) Address 3634 Gravois Ave.
19. (a) FEB 26 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 10 year 1948 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from Feb 1/26, 19..., to Feb 10 48, 19..., that I last saw him alive on Feb 10 48, 19..., and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Carcinoma of Colon 3
Due to 1
Due to
Other conditions (Include pregnancy within 3 months of death) Chr Nephrolithiasis 1
Major findings: Of operations Exploratory 2-9-48 Ileo-Sigmoid
Of autopsy Carcinoma
No

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? Means of injury 0
23. Signature Joseph L. Pierce (M. D.)
Address 4865 Lindell Blvd Date signed 2/10/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.