

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43523**

DECEASED JOHN 5 1951
 BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 4110

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>	
c. LENGTH OF STAY (in this place) <u>3 year</u>		d. STREET ADDRESS (If rural, give location) <u>3 Tunstall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Tunstall</u>		d. STREET ADDRESS (If rural, give location) <u>3 Tunstall</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Soloman</u> b. (Middle) <u>Harvey</u> c. (Last) <u>Hinckley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>June 7, 1861</u>
9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Realtor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Hinckley</u>		13b. MOTHER'S MAIDEN NAME <u>Laurie Atkinson</u>	14. NAME OF HUSBAND OR WIFE <u>Etta Alice Hinckley (dec'd)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS, <u>Mrs. Robert Hereford, Ferguson, Mo.</u>
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES <u>Brochis-pneumonia</u> DUE TO (b) <u> </u> DUE TO (c) <u>Senility</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u> </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>	
22. I hereby certify that I attended the deceased from <u>12/20</u> , 1951, to <u>12/26</u> , 1951, that I last saw the deceased alive on <u>12/26</u> , 1951, and that death occurred at <u>5:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. P. Hughes M.D.</u>		23b. ADDRESS <u>Ferguson Mo</u>	23c. DATE SIGNED <u>12/27/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/27/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tuscaloosa Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Tuscaloosa, Ala.</u>
DATE REC'D BY LOCAL REG. <u>12-27-51</u>	REGISTRAR'S SIGNATURE <u>Robert R. Sombe M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Mo.</u>	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. M. White

Licensed Embalmer No. 3953

P. O. Address Jerguson, La

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.