

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1957

37579
STATE FILE NUMBER
9556

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

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|---|-----------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residency before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Homer, Phillips Enroute to Hospital | | d. STREET ADDRESS (If outside, give location) 916 A.N. Cardinal Ave. | |
| 3. NAME OF DECEASED (Type or print) Robert Hinkle | | 4. DATE OF DEATH Oct, 11, 1957. | |
| 5. SEX Male | 6. COLOR OR RACE Col. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec, 20, 1893 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | | 9b. KIND OF BUSINESS OR INDUSTRY | 9c. AGE (In years last birthday) 63 |
| 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | | 100. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Franklin Co. Mo. |
| 13. FATHER'S NAME Ed. Hinkle | | 14. MOTHER'S MAIDEN NAME Mary Woods | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Eva Hinkle 916 A.N. Cardinal Ave. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Myocardial Infarction DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.1 | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 11:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE James M. Kelly Deputy Coroner | | 22b. ADDRESS 1300 Clark | 22c. DATE SIGNED 10-12-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Oct, 16/57 | 23c. NAME OF CEMETERY OR CREMATORY National Cem. | 23d. LOCATION (City, town, or county) (State) Jefferson Barrack, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Wright Funeral Home 3100 Easton Ave. | | 25. DATE RECD. BY LOCAL REG. OCT 14 57 | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P. |

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.....
Signature of Student Embalmer

Signed *Arthur L. Hellis*.....

Licensed Embalmer No. *426*.....

P. O. Address *3100 East*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.