

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011759
STATE FILE NUMBER
2745

FILED MAR 19 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 2745

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-57

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|--|------------------------------------|---|---|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 4471 St. Louis Ave. | | Length of stay in lb 5 yrs | | d. STREET ADDRESS (If outside, give location) 2109 4471 St. Louis | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Mary Middle M. Last Hinkle | | | 4. DATE OF DEATH Month March Day 5 Year 1958 | | | | |
| 5. SEX Female | 6. COLOR OR RACE Cobored | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Sept. 26, 1880 | | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and state or country) Union, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Pleasant Aitch | | | 13b. MOTHER'S MAIDEN NAME Mary Bell | | | 14. NAME OF HUSBAND OR WIFE Howard Hinkle | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Easter Finley, 4471 St. Louis 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) Cardio-Renal Vascular Disease | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) — | | DUE TO (c) — | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442x | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none | | | | |
| 20c. TIME OF INJURY Hour none Month, Day, Year a.m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | | 20f. CITY, TOWN, OR LOCATION none | | COUNTY STATE | |
| 21. I attended the deceased from 2-19-58 , to 3-5-58 and last saw her alive on 3-5-58 Death occurred at 10:30 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Lester A. Alexander M.D. | | | | 22b. ADDRESS 826 N Channing St. | | 22c. DATE SIGNED 3-7-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 3-6-58 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary | | 23d. LOCATION (City, town, or county) (State) Robertsville, Mo. | | |
| 24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd. | | | | 25. DATE RECD. BY LOCAL REG. MAR 7 '58 | | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. 9, P | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 20 1958

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 *John S. Pennington*
Licensed Embalmer No. *41940*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.