

FILED DEC 6 1947

Primary Registration District No. 1003

Registrar's No. 11013

1. PLACE OF DEATH:

(a) County... *St. Louis MO*

(b) City or town... *St. Louis MO*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution... *Hosp*
(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... *MO* (b) County... *St. Louis*

(c) City or town... *St. Louis MO*
(If outside city or town limits, write "RURAL" and name of township)

(d) Street... *#37 1/2 E. 11th St*
(If rural, give location)

(e) Citizen of foreign country? *2/5* (Yes or No) *No*
If yes, name country...

3. (a) PRINT FULL NAME... *George A. Hinkle*

3. (b) If veteran, (name was) _____ 3. (c) Social Security No. _____

4. Sex... *M* 5. Color of hair... *Blk*

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

7. Birth date of deceased...
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... *Nov* day... *11* year... *1947* hour... _____ minute... _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death... _____
Duration _____

8. AGE: Years... *64* Months... _____ Days... _____ If less than one day _____ hr. _____ min.

9. Birthplace... *St. Louis MO* (City, town, or county) (State or foreign country)

10. Usual occupation... *book clerk*

11. Industry or business... *book clerk*

12. Name... *George A. Hinkle*

13. Birthplace... *St. Louis MO* (City, town, or county) (State or foreign country)

14. Maiden name... *George A. Hinkle*

15. Birthplace... *St. Louis MO* (City, town, or county) (State or foreign country)

Due to... *Arterio Sclerosis*

Due to... *Heart Disease*

Other conditions... *W.M.A.*
(Include pregnancy within 3 months of death)

Major findings: *A.H.*
Of operations... _____

Of autopsy... _____

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant... *Mrs. E. A. Stanley*
(b) Address... *300 W. 11th St*

17. (a) *Anatomical Board* (b) Date thereof... *DEC. 1 1947*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... *Anatomical Board*

18. (a) Signature of funeral director... *H.F. Rowland*
(b) Address... *4355 Washington*

19. (a) *UP 11-1947* (b) *J. F. Bruneau*
(Date received local registrar) (Registrar's signature)

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... *2*

23. Signature... *George A. Hinkle* (M. D. or other) *2*
Address... _____ Date signed... *11/20/47*

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

22

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 Howard F. Newland

Licensed Embalmer No. 3114

P. O. Address OT Lewis 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.