

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10204
Registrar's No. 2848

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) <u>10 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		0942
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>		b. (Middle)	c. (Last) <u>HINKLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 22 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-1-1918</u>	9. AGE (In years) Age at birth: <u>33</u>	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Esther MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Herbert Hinkle</u>		13b. MOTHER'S MAIDEN NAME <u>Grace McDowell</u>	14. NAME OF HUSBAND OR WIFE <u>Alice</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>498-05-2499</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alice May Hinkle</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) ACUTE HEART FAILURE</u>		II. OTHER SIGNIFICANT CONDITIONS <u>DIGITOXIN INTOXICATION</u>			<u>6 hrs</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>4 years</u>
DUE TO (b) <u>RHEUMATIC HEARTS DISEASE with CONGESTIVE HEART FAILURE</u>		DUE TO (c)			<u>2 wks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>MARCH 12, 1951</u> , to <u>MARCH 22, 1951</u> , that I last saw the deceased alive on <u>MARCH 22, 1951</u> , and that death occurred at <u>6:15 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>F. R. Bradley</u>		(Degree or title) <u>n.p.</u>	23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>3/22/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Flat River MO</u>	
DATE REC'D BY LOCAL REG. <u>MAR 27 1951</u>	REGISTRAR'S SIGNATURE <u>A. B. Lasala</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary</u>		
			ADDRESS <u>4104 Manchester</u>		

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

George

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Ronald Q Yahrke

Signed
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St Louis 10 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.