WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 12 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37481

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St. Louis (No. 2046, Adelaide Ave St. ..... Ward)

File No. .....

Registered No. 9447

2. FULL NAME Louis Sindke

(a) Residence, No. 2046 Adelaide Ave, 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Sindke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9, 1851

7. AGE: YEARS 84 | MONTHS 1 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Charles Sindke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. L. Johnson 2046 Adelaide Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 11th 1935

19. UNDERTAKER (ADDRESS) Frontier Und. Co. 3710 N. Grand Blvd

20. FILED NOV 11 1935, 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/8, 1935, to 11/9, 1935

I last saw him alive on 11/8, 1935 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

Appoplexy

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Date of onset

Other contributory causes of importance: Chronic Asteroseleroses & nephritis

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ———, 19.....

Where did injury occur? ——— (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) O. W. Thie, M. D.

(Address) 5938 Kingsbury