

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.

JAN 5 8 1936

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

Do not use this space.

791  
1003

41616

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City ST. LOUIS (No. ST. LUKES HOSPITAL) St. .... Ward) .....

File No.....  
Registered No. 10860

2. FULL NAME BARBARA SINSBURG  
(a) Residence, No. 7544 STANFORD St., N.R. Ward, U City, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
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 FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>4</u>	<u>1</u>	<u>11</u>	

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
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) St. Louis Mo

FATHER  
13. NAME Robert Einsberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Riga Latvia

MOTHER  
15. MAIDEN NAME Mary Schultz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo Ill

17. INFORMANT (ADDRESS) Jane Einsberg

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olive Cem DATE 12-23 1935

19. UNDERTAKER (ADDRESS) Langman Undertaking

20. FILED DEC 23 1935 Registrar J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1935, to Dec. 22, 1935

I last saw her alive on Dec 20, 1935. Death is said to have occurred on the date stated above, at 1:24 m.

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

Acute Myelogenous Leukemia Date of onset Dec 1935  
M.D.

Other contributory causes of importance:

Bronchial Pneumonia Dec 19 1935  
Bilateral Mastoiditis Dec 10 1935  
Acute Streptococcus Rhinitis Nov 27 1935

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Blood count Was there an autopsy? No

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) Francis H. Weind M. D.

(Address) 3831 So. Kingshighway

