APR 2 1936

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

Do not use this space.

12740

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo (No. Mo Pacific Hospital St. ..... Ward)

File No. 2789

Registered No. .....

2. FULL NAME Stephen George Sinclare

(a) Residence, No. 856 Pennsylvania, University City, Mo. Ward. N R
(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: m

4. COLOR OR RACE: w.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edna Sinclare

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan: 25 1869

7. AGE: YEARS 67 | MONTHS 1 | DAYS 17 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crossing Watchman TRRA

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 2 1/2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

FATHER

13. NAME: John Sinclare

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Edna Sinclare, 856 Pensylvania Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Mch 16, 1936

19. UNDERTAKER (ADDRESS): Wm. F. Paschedag, 2825 No Grand

20. FILED MAR 13 1936 J. F. Bredeck, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936, to March 13, 1936

I last saw him alive on March 13, 1936. Death is said to have occurred on the date stated above, at 2 15 A m.

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

| | Date of onset |
|---|---|
| 1) Broncho - Pneumonia | 3-7-36 |
| 2) Pulmonary Tbc. | |

23

Other contributory causes of importance: Senility

Name of operation — 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) F. A. Barnett, M. D.

(Address) Mo. Pacific Hosp. St. Louis, Mo

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.