

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 3 1936

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

Do not use this space.

39932

1. PLACE OF DEATH

County.....
Township.....
City St. Louis,

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **11745**

(No. Found floating in Miss. R. at foot of Davis St. St. Ward)

2. FULL NAME Edwin A. Sinn.

(a) Residence, No. St. N. R. Ward. Belleville Ill.
(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 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 Mary Sinn.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1897.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 & 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Hauler.
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) Illinois.

FATHER 13. NAME Geo. M. Sinn.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

MOTHER 15. MAIDEN NAME Margueritha Treipenbach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

17. INFORMANT Mrs. Margueritha Sinn
(ADDRESS) Belleville Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Darmstadt Ill. DATE Nov. 1 1936

19. UNDERTAKER Lee A. Hull
(ADDRESS) Missouri

20. REGISTRAR J. B. Beck
(ADDRESS) Missouri

NOV 27 1936

No Phy. in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:
Coughing due to drowning
whether accident or intentional
could not be ascertained

Other contributory causes of importance:
183

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence); fill in also the following:
• Accident, suicide, or homicide? Public Place Date of injury 10/31, 1936
Where did injury occur? Public Place (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Public Place
Nature of injury: Public Place

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Harold P. Kelly M.-D.
(Address) Illinois

