

1938 OCT 12

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

30558  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **1008**  
(b) Township ..... Primary Registration District No. .... Registered No. **7995**  
(c) City **St. Louis** (d) Street No. **4706 S. Compton Ave.** St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Mary Cinnater**  
(a) Residence, No. **4706 S. Compton Ave.** St. **15** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 8th. 1938**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Cinnater**

22. I HEREBY CERTIFY, That I attended deceased from **July 22<sup>nd</sup> 1938** to **Sept 8<sup>th</sup> 1938**  
I last saw him alive on **Sept 7<sup>th</sup> 1938** Death is said to have occurred on the date stated above, at **6.40 P.M.**  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 5th. 1855.**  
7. AGE YEARS **83** MONTHS **1** DAYS **3** If LESS than 1 day, ..... hrs. or ..... min.

Date of onset

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

**Phthisis Lungs**  
**Hypertrophie** **7-28-38**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

Other contributory causes of importance:  
**Chronic Myocarditis**  
**Arterio Sclerosis** **Indefinite**

FATHER 13. NAME **Murray**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **No.**

MOTHER 15. MAIDEN NAME **Unknown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **No.** 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.

17. INFORMANT (ADDRESS) **Harry Cinnater**  
**4706 S. Compton Ave.**

Manner of injury .....  
Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old S. S. Peter-Paul** DATE **Sept. 12-1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wacker-Helderle**  
**2331 S. Broadway**

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) **W. A. Fries** M. D.  
(Address) **1544 So Broadway**

20. **SEP - 9 1938** Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH  
DIVISION OF ANATOMY

**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, .....

*Frank J. Hyland*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed .....

*Frank J. Hyland*

Licensed Embalmer No. *2645*

P. O. Address *E. M. House*

**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, above space should be left blank.**