

DESD MAR 13 1939

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

5085
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **1778**
(c) City **St. Louis, Mo.** (d) Street No. **Saint Louis Maternity Hospital** 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 **Shinkel, Infant Girl**

(a) Residence, No. **5707 McPherson Avenue** St. **5**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 10, 1939**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 Weeks Gestation

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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

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

FATHER 13. NAME **Shinkel, Lamoine Ervin**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Birds, Ind.**

MOTHER 15. MAIDEN NAME **Matheney, Vivian**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Donnybrook - N. Dakota**

17. INFORMANT (ADDRESS) **Lamoine E. Shinkel 5707 McPherson Ave**18. BURIAL, CREMATION, OR REMOVAL (PLACE) (DATE) **St. Maternity Hosp 2-24 1939**19. FUNERAL DIRECTOR (ADDRESS) **Dept of Pathology 3rd Floor 1111**20. FILED **Dept of City & County 5 Bieder** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 10, 1939**

22. I HEREBY CERTIFY, That I attended deceased from

Feb 10, 1939, to 19.....
I last saw h. ~~live~~ **decd** **Feb 10, 1939**. Death is said to have occurred on the date stated above, at **3:10 A.M.**

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

Abortion - 12 wk gestation
Date of onset

Other contributory causes of importance:

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? ..
If so, specify
(Signed) **Richard Padlock**, M. D.
(Address) **4500 Olive St.**

822T

822T

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)