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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP OCT 1 1939
OCT 14 1939

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30635

Primary Registration District No.

Registrar's No. 7698

1. PLACE OF DEATH: 1003

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5943 Page Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5943 Page Ave., 6
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 70 years years.

3. (a) PRINT FULL NAME Bertha Sinn 500

3. (b) If veteran, name war x x x

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elias Sinn

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 18, (Day) 1866 (Year)

8. AGE: Years 73 | Months 0 | Days 15 | If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Housewife 6

11. Industry or business At Home

FATHER
12. Name J. Rennent 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frieda Sinn
(b) Address 5943 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/39 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd

19. (a) SEP 6 1939 (Date received local registrar) (b) J. F. Bechick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3
year 1939 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1, 1936, to Sept. 3, 1939, that I last saw her alive on Sept 2, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	3 yrs
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. J. H. Teppelmann (M.D. or other) D.C.
Address 3517 N. Grand Date signed 9/3/39

(Licensed Embalmer's Statement on Reverse Side)

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, or by Elbert E. White, Registered Apprentice No. 209 working under my personal supervision.

Signed J. Wm Brinkley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.