

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 2675

Registration District No. 75

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County **St Louis**
(b) City or town **Rural Lambert Field**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **Enroute**
years, months or days)

3. (a) PRINT FULL NAME **Alva L. Sink**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Virginia Sink** 6. (c) Age of husband or wife if alive **24** years

7. Birth date of deceased **August 16 1918**
(Month) (Day) (Year)

8. AGE: Years **24** Months **3** Days **29** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Army Air Corps**

11. Industry or business **U. S. Army**

12. Name **William L. Sink**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur W. Theobald**

(b) Address **2324 Michigan, St. Louis**

17. (a) **Removal** (b) Date thereof **12-18-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tunkhannock, Pa.**

18. (a) Signature of funeral director **Louis H. Bopp Inc.**

(b) Address **Kirkwood, Mo.**

19. (a) **DEC 18 1942** (b) **E. S. McInerney**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Penna** (b) County _____

(c) City or town **Tunkhannock**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **15th**
year **1942** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **at attendance** 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to **skull fracture**

Due to **airplane crash**

Other conditions _____
(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) **Accident 096**

(b) Date of occurrence **12-15-42**

(c) Where did injury occur? **Lambert Field, St. Louis, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Lambert flying field
While at work? **Yes** (Specify type of place) Means of injury _____

23. Signature **W. R. Warner** (M. D. or other) _____
Address **U.S. R.R. B. Lambert Field** Date signed **12-17-42**
St. Louis Co. Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

HC

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed: *James H. B. 77*

Licensed Embalmer No. *921*

P.O. Address *Kirkwood MO*

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, fact should be so stated above.