

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19119 ✓

State File No.

Registrar's No. 1195

FILED MAY 29 1943
Registration District No. 27

Primary Registration District No. 3068

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Maplewood Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Mos. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Henry A. Sinkler

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife Betty Sinkler

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

7. Birth date of deceased Sept. 17, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 7 27 hr. min.

9. Birthplace Kane Valley, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant May S. Door

(b) Address 2518 Gerhard

17. (a) Burial (b) Date thereof 5-17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robertsville, Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) MAY 22 1943 (b) C. H. McQuay, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.

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

(d) Street No. 2518 Gerhard
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1943 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 5-1 1939 to 5-14 1943
that I last saw him alive on 5-13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
feet attack Duration 2 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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?
none

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Unsent 99 answered (M. D. or other) D M D

Address 3101 1/2 Sutton Ave Maplewood Mo Date signed 5.15.43

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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..... *H. P. Burgess*.....
Licensed Embalmer No. *4029*
P. O. Address..... *Maplewood*.....

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.