

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22505  
Registrar's No. 1454

Registration District No. 317

Primary Registration District No. 3070

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

FILED  
26  
7  
4

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 866 Tuxedo Blvd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Adams Sinclare

3. (b) If veteran, name war No.

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 Estelle Johnson

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb. 27, 1890  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>3</u>	<u>24</u>	hr. _____ min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired salesman

11. Industry or business Dupont Powder Co.

MOTHER FATHER

12. Name Stephanson Sinclare

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

14. Maiden name Lottie Bromswig

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Estelle Sinclare

(b) Address 866 Tuxedo Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) JUN 28 1943 (Date received local registrar) (b) C. J. McKeown, Jr. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Webster Groves, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 866 Tuxedo Blvd.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1935 to June 21, 1943

that I last saw him alive on June 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to nephritis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy 1316

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature Carl E. Dretchen (M.D. EXAMINER)

Address 227 E. Lockwood Avenue Date signed 6/21/43

JUL 8 - 1943

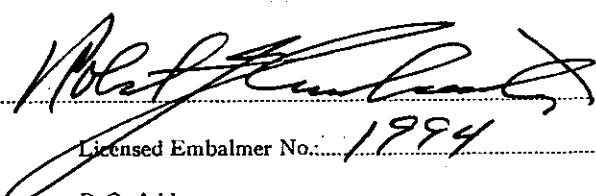
---

---

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..... 

Licensed Embalmer No.: 1994

P. O. Address.....

**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.**