

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10030**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2615 N.14 Str.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Elizabeth Sindelar**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **Wht.** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **John Sindelar** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Oct. 19 1868**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Joseph Prokes** 6  
13. Birthplace **Czechoslovakia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Jacob Oswald** 6  
15. Birthplace **Czechoslovakia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Sindelar**  
(b) Address **2615 N.14 Str.**

17. (a) **Burial** (b) Date thereof **11/25/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S.S. Peter & Paul**

18. (a) Signature of funeral director **Wm. S. Moydell**

(b) Address **1926 Allen Ave.**

19. (a) **MOU 25 1011 J. F. Brueck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wain**  
(c) City or town **St. Louis,** 17 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2615 N.14 Str.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **22**  
year **1944** hour **10** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Nov 17 44** to **Nov 22 44**  
that I last saw him alive on **Nov 22** 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration \_\_\_\_\_

Due to **Hypertension**

Due to **arterio sclerosis**

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) \_\_\_\_\_  
(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 **Wm. S. Moydell** 11/24/44  
(M. D. 6/2/44)  
Address **3157 A Park Ave.** Date signed \_\_\_\_\_

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

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

H. M. Davis

Licensed Embalmer No.

3241

P. O. Address

1926 Allen

**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.