V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1945

State File No. 32376

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8228

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri-Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

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

(d) Street No. 3824 Philbrook Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Richard C. Sinclair

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Dorthy E. Sinclair

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased April (Month) 12th (Day) 1908 (Year)

8. AGE:

Years	Months	Days	If less than one day
37	5	9	hr. min.

9. Birthplace Elvins, Missouri (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Doctor, M.D.

11. Industry or business himself

FATHER
12. Name Fred A. Sinclair
13. Birthplace Caledonia (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Jettie Belle Sloan
15. Birthplace Bismark (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Dorthy E. Sinclair (Wife)
(b) Address 3824 Phillbrook Ave. Pinelawn Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Caledonia, Missouri

18. (a) Signature of funeral director Suedmeyer & Son's
(b) Address 3934 No. 20th street

19. (a) SEP 22 1945 (Date received local registrar) (b) J. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1945 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept. 19, 1945 to Sept. 21, 1945 that I last saw him alive on Sept 21, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral Pneumonia	3-5 days
Fracture Rt & Left Trans. Process	2
~~Due to~~ 5th Lumbar	2
Fracture Rt Trans Proc. 4th Lumbar	2
Due to Vertebra	

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 96
(b) Date of occurrence Exact time unk
(c) Where did injury occur? Pine Lawn Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home Fall (Specify type of place)
While at work? (e) Means of injury as above

23. Signature J. Nakada (M. D. or other)
Address Humboldt Bldg Date signed 9/22/45

(Licensed Embalmer's Statement on Reverse Side)

Nakada

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 Frank A. Moore

Licensed Embalmer No. 3044

P. O. Address 2117 E Grand

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.