V. S. No. 2
.00M—5-43
Rev. 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

State File No. 18912

FILED MAY 31 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4453

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:
5255 Lotus Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town O'Fallon 0
(If outside city or town limits, write "RURAL")

(d) Street No. N. R.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna Rottger Sinkler

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January (Month) 14 (Day) 1869 (Year)

8. AGE: Years 77 | Months 4 | Days 3 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Frank Bastan

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

14. Maiden name Elsie Blanks

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

16. (a) Informant Carrie Rothermich

(b) Address 5255 Lotus Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-46 (Month) (Day) (Year)

(c) Place: burial or cremation O'Fallon, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 17 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 - year 1946 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 12 46, 19__ to May 17, 1946, that I last saw h[illegible] alive on 5-16, 19 46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-Vascular Renal Disease	Indefinite
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joel Goldstein (M. D. or other)

Address 3601 Lucas Dr. Date signed 5-17-46

(Licensed Embalmer's Statement on Reverse Side)

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..... J. Allen Davis Jr

Licensed Embalmer No. 4953

P. O. Address Davis Funeral Home

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.