No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24724
State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6389

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: DeSloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3245 Lafayette Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Francis Sindell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elfreda
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased July (Month) 5th (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
53	0	12	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Sheet Metal Worker
11. Industry or business St. Louis Car & Foundry
FATHER
12. Name Charles Sindell
13. Birthplace Dont Know (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Katherine Sullivan
15. Birthplace Dont Know (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs. Elfreda Sindell
(b) Address 3245 Lafayette Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J. Dornelly
(b) Address 3840 Lindell Blvd
19. (a) JUL 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1948 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased from 6-3, 1948, to 7-17, 1948 that I last saw him alive on 7-16-48, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Lung	6 Mo?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 Paul Murphy (M. D. ~~or other~~)
Address 5391 Grand Date signed 7-19-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Paul Humphrey
Humboldt Bldg
2-6 OK
AUG 21 1900

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.