

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42844**  
**11031**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILL</b> b. COUNTY <b>ST. CLAIR</b>	
b. CITY OR TOWN <b>St. Louis, Mo</b>		c. LENGTH OF STAY (in this place) <b>10 da.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Pac. Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL—ROUTE #1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GLENN</b> b. (Middle) <b>DILLARD</b> c. (Last) <b>SINCLAIR</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 23 50</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	8. DATE OF BIRTH <b>MARCH-13-1905</b>
9. AGE (In years last birthday) <b>45</b>		10. IF UNDER 1 YEAR (Months) <b>9</b>	11. IF UNDER 24 HRS. (Days) <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHIEF-CLERK.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Pacific R.R.</b>	
11. BIRTHPLACE (State or foreign country) <b>EAST-CARONDELET-ILL</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>E. Louis Clay Sinclair</b>		13b. MOTHER'S MAIDEN NAME <b>MYRTLE - DILLARD</b>	
14. NAME OF HUSBAND OR WIFE <b>IRENE - RIORDAN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD-WAR #2</b>		16. SOCIAL SECURITY NO. <b>702-14-1535</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Irene H. Sinclair</b>		ADDRESS <b>E. Carondelet, Ill.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Recent myocardial infarction</b> ANTECEDENT CAUSES <b>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>asthma</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H201</b>	
22. I hereby certify that I attended the deceased from <b>Dec. 13</b> , 19 <b>50</b> , to <b>Dec. 23</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Dec. 23</b> , 19 <b>50</b> , and that death occurred at <b>5:30</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert A. Hackett</b> (Degree or title) <b>M.S.</b>		23b. ADDRESS <b>1755 So. Grand</b>	
23c. DATE SIGNED <b>12-23-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>Dec. 23, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>removal</b>	24d. LOCATION (City, town, or county) (State) <b>Dupo, Illinois</b>
DATE REC'D BY LOCAL REG. <b>DEC 26 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Faoster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harold A. Washner</b> ADDRESS <b>Dupo, Illinois</b>	

FEB 21 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Harold A. Deane

Signed.....  
Student Embalmer

Licensed Embalmer No. 4621

P. O. Address Dupo, Illinois

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.