

No. 300
10. 48

FILED JAN 2 1951
#91213

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42845
State File No. 10916
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY MOALE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY NONE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO. 2229	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1002 CHOUTEAU AV.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) MARY	b. (Middle)	c. (Last) SINDERS	(Month) December	(Day) 18th , (Year) 1950

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 8, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 4 Days 11	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) PERRYVILLE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME THOMAS BROWN	13b. MOTHER'S MAIDEN NAME LOUISE NIESLEIN	14. NAME OF HUSBAND OR WIFE HENRY SINDERS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME HENRY SINDERS	ADDRESS 1002 CHOUTEAU
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardiovascular disease	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychic & cerebral arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4521
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22. I hereby certify that I attended the deceased from 7/12/50 1950, to 12/18/50 1950, that I last saw the deceased alive on 12/18/50 1950, and that death occurred at 10:20pm m., from the causes and on the date stated above.

23a. SIGNATURE E. N. Schmidt	(Degree or title) M.D.	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 12/19/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 23, 1950	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co, Mo.
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DATE REC'D BY LOCAL REG. DEC 21 1950	REGISTRAR'S SIGNATURE J. B. Fasater	25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMELSTER	ADDRESS U & L Co. 7814 So. BWAY
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. ...
 St. Louis, Mo.
 Local Chapter No. ...
 APR. 8, 1941
 PERKINS, RICHARD
 THOMAS ...
 HENRY ...
 HENRY ...

Richard Perkins
Henry ...
...

DEC 21 1938

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

DEC 13 1938

C. H. FEMMERER (L.C.)