

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10991

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 722

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wells ton</b> <b>4181</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1617 Lulu Av.</b>	
3. NAME OF DECEASED a. (First) <b>DELLA</b> b. (Middle) _____ c. (Last) <b>SINCLAIR</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 20 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Dec. 25, 1879</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Donnelson, Illinois</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>William Savage</b>		13b. MOTHER'S MAIDEN NAME <b>Cynthis Griggs</b>	14. NAME OF HUSBAND OR WIFE <b>Washington Sinclair</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Alma Koch, 7521 Halpin Av. Ferguson</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b> DUE TO (b) <b>Hypertensive Cardiovascular disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>3-20-1951</b> , to <b>3-20-1951</b> , that I last saw the deceased alive on <b>3-20-1951</b> , and that death occurred at <b>12 am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Charles M. Ledner, M.D.</b> (Degree or title)		23b. ADDRESS <b>601 S. Brentwood Clayton 5 Mo.</b>	23c. DATE SIGNED <b>3/20/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-22-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
DATE REC'D BY LOCAL REG. <b>3/20/51</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Domb</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Clark - 1125 Hodiament Av.</b>	

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body of the following described cadaver, never a part of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision. Full name Bella Sinclair Race White

Signed..... Place and date of death Co. Hosp. Mar. 20-1951.

Student Embalmer Physician (or Coroner) signing Certificate \_\_\_\_\_

Place and date of Embalming Mar. 20-1951, 112, Hod. ave

Remarks \_\_\_\_\_

Note: The above MUST be signed by the above constitutes grounds for revocation of license. Signed Alfred F. D. ... Missouri License No. 3623

If this body is not embalmed \_\_\_\_\_