

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21565**

0.300
0.45

FILED JUL 13 1951

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **2568**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) YEAR	
d. FULL NAME OF HOSPITAL OR INSTITUTION 501 S. Price Road		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 4432	
		d. STREET ADDRESS (If rural, give location) 501 S. Price Road 0	
3. NAME OF DECEASED (Type or Print) a. (First) ABRAHAM b. (Middle) H. c. (Last) SINCOFF			4. DATE OF DEATH (Month) (Day) (Year) July 3, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) Abt. 57	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec'y.-Forest City		10b. KIND OF BUSINESS OR INDUSTRY Mfg. Co.	11. BIRTHPLACE (State or foreign country) Russia 6
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jacob Sincoff	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Gertrude M. Sincoff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes - W.W. I		16. SOCIAL SECURITY NO. 490-01-1960	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. Mathes-501 S. Price Road

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) Retinoblastoma of color ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 153X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. metastasis to lung.		INTERVAL BETWEEN ONSET AND DEATH 1 year
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 **June 5, 1950** to **July 3, 1951**, that I last saw the deceased alive on **7/3**, 19**51**, and that death occurred at **10:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Archie Plehner M.D. (Degree or title)	23b. ADDRESS 634 No. Grand	23c. DATE SIGNED 7/3/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/5/51	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.
		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 7-3-51	REGISTRAR'S SIGNATURE Hubert R. Lomke	25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. ... ADDRESS 5216 Delmar
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(Licensed Embalmers' Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Peter B. Dubouillet

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3691

P. O. Address _____

Richard Heights, N.J.

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.