No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16223

FILED MAY 14 1953

BIRTH NO. 26148 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3907

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Louis Maternity

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2239
d. STREET ADDRESS (If rural, give location): 23 2701 Lafayette Avenue

3. NAME OF DECEASED (Type or Print)
a. (First)
b. (Middle)
c. (Last): Sinks

4. DATE OF DEATH (Month) (Day) (Year): March 27 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): --
8. DATE OF BIRTH: March 21 1953
9. AGE (In years last birthday): If under 1 year: Months; Days: 6; If under 24 hrs.: Hours: 10; Min.: 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (City and State or Foreign Country): St Louis Missouri
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Robert Eugene Sinks
13b. MOTHER'S MAIDEN NAME: Leta Myrl Campbell
14. NAME OF HUSBAND OR WIFE:

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.: --
17. INFORMANT'S SIGNATURE OR NAME: Robert & Leta Sinks
ADDRESS: 2701 Lafayette Ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity incompatible with life (22 weeks.)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

776X

22. *I hereby certify that I attended the deceased from* March 21, 19 53, *to* March 27, 19 53 *that I last saw the deceased alive on* March 27, 19 53 *and that death occurred at* 10:35 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Miriam M. Pennington MD
23b. ADDRESS: 630 S. Kingshighway
23c. DATE SIGNED: 4-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 4-30-53
24c. NAME OF CEMETERY OR CREMATORY: Anatomical Board
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: APR 15 1953
REGISTRAR'S SIGNATURE: J Earl Smith MD
MRB
25. FUNERAL DIRECTOR'S SIGNATURE: Rowland
ADDRESS: 4104 Manchester
(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.