

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26900**
6674

FILED JUL 31 1953
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital		e. STREET ADDRESS (If rural, give location) 7216 Minnesota ave. 20190	

3. NAME OF DECEASED (Type or Print)	a. (First) Marcella	b. (Middle) Pearl	c. (Last) Sinclair	4. DATE OF DEATH (Month) (Day) (Year) July 4 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH October 8, 1918	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 34
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trimmer	10b. KIND OF BUSINESS OR INDUSTRY Midland Cap Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Johnson Sinclair	13b. MOTHER'S MAIDEN NAME Pearl Ross	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pearl Sinclair 7216 Minnesota
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Polio myelitis, bulbar		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) 080,0
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 **7-1**, 19**53**, to **7-4**, 19**53** that I last saw the deceased alive on **7-4**, 19**53** and that death occurred at **3:55 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Tichenor M.D.	23b. ADDRESS P.O. Box 6 Joplington Mo	23c. DATE SIGNED 7-6-53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE July 7, 1953	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) 10100 Gravois ave. St. L. Co. Mo.
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DATE REC'D BY LOCAL REG. JUL 6 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Hoelmeister U. & L. Co. 7814 S. Broadway
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(Licensed Embalmer's 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..

Student.....
Signature of Student Embalmer

Signed *Harry J. Schumacher*
Licensed Embalmer No. *2679*

P. O. Address *78148*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.