

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41170**  
Registrar's No. **10350**

FILED NOV 19 1953

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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

<b>1. PLACE OF DEATH</b> a. COUNTY b. CITY OR TOWN c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS (If rural, give location)	
a. COUNTY <b>St Louis Mo</b> b. CITY OR TOWN <b>St Louis Mo</b> c. LENGTH OF STAY (in this place) <b>2 Weeks</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp</b>		a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b> c. CITY OR TOWN <b>0350</b> d. STREET ADDRESS <b>Cardwell Mo</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>ALBERT</b> b. (Middle) <b>T</b> c. (Last) <b>SINDEL</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Oct 30 1953</b>
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>9. AGE (In years last birthday)</b> <b>71</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Tractioner</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Intertat Com Co</b>	<b>9. DATE OF BIRTH</b> <b>July 15-1882</b>
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Nebraska</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Wm H Sindel</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Clicia Wilson</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Wm H Sindel</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, unknown) (If yes, give year or date of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>7. INFORMANT'S SIGNATURE OR NAME</b> <b>Wm H Sindel</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Septicemia with septic infarcts, lungs, acute pyelonephritis</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <b>DUE TO (c)</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>89 days</b> <b>8 days</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>19a. DATE OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	<b>21f. HOW DID INJURY OCCUR?</b> <b>465X</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>22. I hereby certify that I attended the deceased from <u>10/11</u>, 19<u>53</u>, to <u>10/30</u>, 19<u>53</u>, that I last saw the deceased alive on <u>10/30</u>, 19<u>53</u>, and that death occurred at <u>2:22 P m.</u>, from the causes and on the date stated above.</b>	
<b>23a. SIGNATURE</b> (Degree of title) <b>Wm H Sindel M.D.</b>		<b>23b. ADDRESS</b> <b>601 N. Belmont St</b>	<b>23c. DATE SIGNED</b> <b>10/21/53</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>Nov 2-1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Masonic Cem</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Kansas City Mo</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>OCT 31 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>W. H. Booklog</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>OCT 31 1953</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>W. H. Booklog</b>	

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 Robert M. Murray

Licensed Embalmer No. PT 3741

P. O. Address St. Louis, Mo

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.