

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **13901**

**3141**

**FILED APR 18 1955**

BIRTH NO. 270 70-55 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3141**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY					
b. CITY OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>ST. LOUIS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FIRMIN DESLOGE Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3442 Indiana Ave.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>DONNA</b>		b. (Middle) <b>JEAN</b>		c. (Last) <b>SINAMON</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>APR 4-1955</b>		5. SEX <b>FEMALE</b> 6. COLOR OR RACE <b>WHITE</b>					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>APR. 4, 1955</b>		9. AGE (In years last birthday) <b>2</b> 10. IF UNDER 1 YEAR <b>15</b> 11. IF UNDER 1 MONTH <b>2</b> 12. IF UNDER 1 HOUR <b>15</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>DONALD E. SINAMON</b>		13b. MOTHER'S MAIDEN NAME <b>HELEN JEAN TERRY</b>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <b>Helen Jean Sinamon</b>		18. ADDRESS <b>3442 Indiana</b>					
19. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>IMMATURITY</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>PREMATURE LABOR OF MOTHER</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 <b>2H.15</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <b>776X</b>		22. I hereby certify that I attended the deceased from <b>APR 4, 1955</b> , to <b>APR 4, 1955</b> , that I last saw the deceased alive on <b>APR. 4, 1955</b> , and that death occurred at <b>11:40 P. M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>George J. Nudermeyer M.D.</b>		23b. ADDRESS <b>3923 Watson Road</b>		23c. DATE SIGNED <b>April 4 1955</b>			
24a. BURIAL, REMOTION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-8-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>			
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Carl Smith M.D.</b>		ADDRESS <b>Thomas 2906 Grenis</b>			
DATE REC'D BY LOCAL REG. <b>APR 8 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>					

(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

*Not Embalmed*  
*Leaf Budde*

Signed

Licensed Embalmer No. *3989*

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.