

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

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14879

State File No. ....

Registrar's No. 3361

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

1. PLACE OF DEATH a. COUNTY		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 St. Louis	c. LENGTH OF STAY (In this place) 2 weeks	c. CITY OR TOWN Normandy	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		e. STREET ADDRESS (If rural, give location) 2324 Normandy Drive	

3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE b. (Middle) TILBERT c. (Last) SINN	4. DATE OF DEATH (Month) (Day) (Year) April 3, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 24, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Contractor	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and State or Foreign Country) Lincoln County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Levi Sinn	13b. MOTHER'S MAIDEN NAME Margaret Beck	14. NAME OF HUSBAND OR WIFE Hazel Sinn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 489-16-5907	17. INFORMANT'S SIGNATURE OR NAME Marvin J. Sinn	ADDRESS 6936 Melrose Avenue
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Massive abdominal hemorrhage</i>		5 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Ruptured arteriosclerotic plaque, abdominal aorta.</i>		
DUE TO (c)		3 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Portal cirrhosis of liver</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 451x	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)
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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?
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22. I hereby certify that I attended the deceased from *Jan. 15*, 1956, to *April 4*, 1956, that I last saw the deceased alive on *April 4*, 1956, and that death occurred at *4* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John T. Lawton, M.D.</i>	23b. ADDRESS <i>539 N. Grand Blvd.</i>	23c. DATE SIGNED <i>Apr 4, 1956</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 5, 1956	24c. NAME OF CEMETERY OR CREMATORY Highland Prairie Cemetery	24d. LOCATION (City, town, or county) (State) Ethlyn, Missouri.
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DATE REC'D BY LOCAL REG. APR 4 1956	REGISTRAR'S SIGNATURE <i>J. Charles Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Shepard Funeral Home</i>	ADDRESS 1167 Hamilton Ave.
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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 *Robert M. Murra*.....  
3749

Licensed Embalmer No.....

P. O. Address *St. Louis*.....

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.