

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. 4135 Blaine Ave St. Ward)

38381
 File No. 10030
 Registered No.

2. FULL NAME Robert J. Shinkle

(a) Residence, No. 4135 Blaine Ave St. 18 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8th, 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Jyome Shinkle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Estelle Horine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Estelle Shinkle
4135 Blaine Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Grubbsville Mo DATE Nov 27 1933

19. UNDERTAKER (ADDRESS) Robert J. Conkover, Inc.
6633 Clayton Road

20. FILED NOV 21 1933 J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1933 to Nov 19, 1933

I last saw him alive on Nov 19, 1933. Death is said to have occurred on the date stated above, at 1.15 A.
 The principal cause of death and related causes of importance were as follows:

measles
acute nephritis
 Date of onset Nov 13

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Dr. M. E. Reifers D.C.
 (Address) 3340 So. Grand Blvd. M.D.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 9 1934

OK
S. J. [unclear]