REC'D AUG 12 1938

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

751

23700
Do not use this space.
6394

1. PLACE OF DEATH

(a) County ..... Registration District No. 1002

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) City St. Louis, Mo. (d) Street No. Park Lane Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gail Jacklin Stinnett

(a) Residence, No. ..... St. NP Glencoe Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as 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. 0

FATHER

13. NAME Sylvester Stinnett 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maldon Mo. 0

MOTHER

15. MAIDEN NAME Cleda Black

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

17. INFORMANT Sylvester Stinnett
(ADDRESS) Glenco, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE 7/18/38, 19

19. FUNERAL DIRECTOR Edith E. Ambruster
(ADDRESS) 4234 Manchester

20. FILED JUL 17 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/16/38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1938, to July 16, 1938
I last saw her alive on July 16, 1938 Death is said to have occurred on the date stated above, at 10:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Stillbirth	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Sign & Hist 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) J. Smith M. D.
(Address) 4938 Lindell Blvd

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)