

NOV 16 1940
791

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community..... years, months or days

8. (a) PRINT FULL NAME **JANIE SINCLAIR.**

3. (b) If veteran, name war **none.** 3. (c) Social Security No. **none.**

4. Sex **Female.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Single.**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **June 7th, 1861.**
(Month) (Day) (Year)

8. AGE: Years **79.** Months **4.** Days **17.** If less than one day hr. min.

9. Birthplace **Audrain County, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

11. Industry or business.....

12. Name **Robert Sinclair.**

13. Birthplace **Kentucky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown.**

15. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs O. E. Rule.**

(b) Address **3646 Russell Bly'd.**

17. (a) **Removal.** (b) Date thereof **10/26/1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mexico, Missouri.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**

(b) Address **#7233 Delmer Bly'd.**

19. (a) **OCT 25 1940** (b) *[Signature]*
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County.....
(c) City or town **St. Louis,** **5**
(If outside city or town limits, write "RURAL")
(d) Street No. **5544 Cabanne Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **24**
year **1940** hour **12²⁵** minute **P.** M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

that I last saw him alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombotic stroke**

Septicemia

Retrolachrymal fracture of left femur and

fracture of left acetabulum when she was struck and

knocked to the floor by the

James Baw Co.

Oct. 21-1940 about 5

Accident

Accident

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **10/21/40**

(c) Where did injury occur? **St. Louis**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

White at work? (Specify type of place) (e) Means of injury **1**

23. Signature *[Signature]* (M. D. or other)

*Address **Coroner** Date signed

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.....

.....; Registered Apprentice No.....
working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.