

FILED SEP 18 1942 318

1003

Registrar's No. 7462

Registration District No.

Primary Registration District No.

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:
4156 Humphrey
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4156 Humphrey
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Conrad P. Sindera

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife..... Fannie Sindera 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased August 24, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 10 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Census taker W. P. A.

11. Industry or business.....

12. Name..... Conrad Sindera
13. Birthplace..... Not known Germany
(City, town, or county) (State or foreign country)
14. Maiden name..... Mary Downs
15. Birthplace..... Not known Not known
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mayme Thornhill

(b) Address..... 4156 Humphrey Street

17. (a) burial (b) Date thereof 9/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New St. Marcus

18. (a) Signature of funeral director..... John L. Ferguson

(b) Address..... 7020 Gravois

19. (a) SEP 7 1942 (b) J. F. Budack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 4, year 1942 hour 9 minutes 30 P. M.

21. I hereby certify that I attended the deceased from Sept 4 to Sept 14, 1942, that I last saw him alive on Sept 4, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute dilatation of heart
Due to Coronary Thrombosis 14 days
Due to Acute Myocarditis from Chronic Myocarditis 20 days
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... No operation
Of autopsy.....
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature..... Walter P. Erdmann (Specify type of place) (e) Means of injury.....
Address 3146 Morganford (M. D. or other)
Date signed Sept 5 42

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

MOTHER FATHER

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..... *C. P. Kidwell*
Licensed Embalmer No..... *3877*
P.O. Address..... *7027 Gravel*

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.