

ED APR 19 1943 318 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 3385

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:
4036 Cora Ave. 1
(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 009
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 97
(d) Street No. 4036 Cora Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Antoinette Sinopole

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

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

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

7. Birth date of deceased. April 10 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Mannino
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Griffith

(b) Address 4036 Cora Ave.

17. (a) Burial (b) Date thereof 4-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) 4-10-43 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 21 1941 to April 8 1943
that I last saw her alive on April 5, 43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Diabetes Mellitus
Due to 61
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
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?
While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature Allen P. [unclear] M. D. or other _____
Address 6360 Natural Bridge signed 4/9/43

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

200 6633

1-3
7-8

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address.....

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.