

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28679

State File No. \_\_\_\_\_

FILED AUG 29 1950

 BIRTH NO. 5406550 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6777

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>St. Louis County</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arbor (20) 4160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3829 Lawler Drive</u>			
3. NAME OF DECEASED a. (First) <u>Baby</u> (Type or Print)		b. (Middle) <u>Boy</u>		c. (Last) <u>Sinz</u>	
4. DATE OF DEATH <u>Aug 9 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug 9 1950</u>		9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. <u>2 30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>		13a. FATHER'S NAME <u>Edward Martin Sinz Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Lois Elaine Kopp</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Edward M. Sinz Jr.</u>		ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Deformity</u> <u>Hydrocephalus</u> <u>Talipes Equinus War leg</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>752X</u>	
22. I hereby certify that I attended the deceased from <u>8-9</u> , 19 <u>50</u> , to <u>8-9-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-9</u> , 19 <u>50</u> , and that death occurred at <u>5:45a</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Leo A. Mellis M.D.</u> (Degree or title)		23b. ADDRESS <u>2739 N. Grand</u>		23c. DATE SIGNED <u>8-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/9/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>AUG 9 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Locater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>		ADDRESS <u>1905 Union Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Warren A. Carver*

Licensed Embalmer No. *3534*

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.