

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 27 1935

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

Do not use this space.

25227

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Central Primary Registration District No. 6248H.
City Richmond Heights (No. 7525 Porter av.) St. _____ Ward _____

File No. _____

Registered No. 197.

2. FULL NAME Silas E. Ayers.

(a) Residence, No. 7525 Porter Ave. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1850-11-24

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
84 7 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postal Clerk
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) Michigan

FATHER 13. NAME John Ayers,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER 15. MAIDEN NAME Sarah Sanford,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) Mrs. J. F. Albrecht
7525 Porter av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 7/6/35 19

19. UNDERTAKER (ADDRESS) Robert J. ...
Clayton Rd. at Concordia Bldg

20. FILED July 16 1935 Gertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935, to July 4th, 1935
I last saw him alive on July 3rd, 1935. Death is said to have occurred on the date stated above, at 10:40 a.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Cerebral Arteriosclerosis
Arteriosclerosis, general

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. H. Dunster, M. D.

(Address) Beumont Bldg.

