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

JUL 14 1936

Do not use this space.

24714

File No. 6336

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. Barnard Skin & Cancer Hosp. St. Ward)

2. FULL NAME Andrew J. Silvey

(a) Residence, No. St., Ward. St. Charles, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

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: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-5-1875

7. AGE: Years 61 | Months 4 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: common

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): St Louis County Mo.

FATHER

13. NAME: J. Andrew Silvey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Medred Bowean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT: Hospital Record (ANDREW J. SILVEY)
(ADDRESS) Barnard Hospital (DECEASED)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Memorial Park~~ St. Charles Mo. DATE June 22 1936

19. UNDERTAKER: [illegible]
(ADDRESS) 429 No. Euclid

20. FILED JUN 22 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-36, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-9-, 1934, to 6-21, 1936

I last saw him alive on 6-21, 1936. Death is said to have occurred on the date stated above, at 8:30 A.m.

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

	Date of onset
Carcinoma of tongue	
Bronchopneumonia	5/23/36

Other contributory causes of importance:

Name of operation Glossectomy Date of 1/24/36

What test confirmed diagnosis? Microscopic 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) [illegible] M. D.

(Address) 3427 Washington Ave.

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.

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

MARGIN RESERVED FOR BINDING

V.S. No. 2
100M-3-29-35

H.C. Dallmeyer