

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Buttlerhill, Matteese Mo.

Registration District No. 1123
Primary Registration District No. 6248 F
(No. Buttlerhill, Matteese Mo.)

File No. 31869
Registered No. 372
St. _____ Ward _____

2. FULL NAME Nicholas F. Silies
2121 Menard Ave.

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1894
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
42 11 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waltermeyer
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) Missouri

13. NAME Herman Silies

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Barbara Seitz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Herman Silies
(ADDRESS) 2121 Menard Ave.

18. BURIAL, CREMATION, OR REMOVAL Old St. Peter-Paul
PLACE Sept 13/37 DATE

19. UNDERTAKER Fendler Und. Co.
(ADDRESS) 7420 Michigan Ave.

20. FILED Sept. 11 1937 G. Maury Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9a m.

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

Accidental fall from
ladder - a distant
12 ft., struck head against
rock
1860
9/10/37

Other contributory causes of importance:

Fractured skull
9/10/37

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide _____ Date of injury 9/10 1937

Where did injury occur? Buttlerhill, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accidental fall

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John J. O'Connell M. D.

(Address) Forrest Springs, Ark.

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.

