

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.

JAN 11 1939

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

41325
Do not use this space.

791
1008

1. PLACE OF DEATH

(a) County..... Registration District No.

(b) Township..... Primary Registration District No.

(c) City St. Louis (d) Street No. City Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Sylvester Dace

(a) Residence, No. 3327 Liberty St. 15 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) 8-22-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 4 -

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fireman

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

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

FATHER

13. NAME Elie Dace

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

MOTHER

15. MAIDEN NAME Evelyn Sullens

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

17. INFORMANT (ADDRESS) Larry Walsh
3327 Liberty

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem. DATE 12-24-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Funeral Home
6322 Grand

20. FILED DEC 23 1938 19 1938
J. B. Pugh Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22-1938

22. I HEREBY CERTIFY That I attended deceased from From Feb. 6th 1923 to December 22, 1938
I last saw him alive on Oct. 31st 1938 Death is said to have occurred on the date stated above, at 345A.
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation Date of onset

Other contributory causes of importance:
Chronic Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Clinical 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 to any way related to occupation of deceased? No.
If so, specify None

(Signed) W. H. M. D.
(Address) 30-11 Kansas Ave. St. Louis Mo.

3511 P
Dr. Carl
320-024
Bennett

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, _____

Wilson Collins, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St. Louis, Mo.

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, above space should be left blank.