

RECD, JAN 11 1939

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

41552
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
 (b) Township _____ Primary Registration District No. _____
 (c) City St. Louis (d) Street No. De Paul 1048 Registered No. 11244
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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

457 Baby Sillings
 (a) Residence, No. 3157 Russell Pl St. 17
 (Usual place of abode, if no street address, write county or city) (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) Dec 29 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stillborn
 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) St. Louis Mo

FATHER 13. NAME E. J. Sillings
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Albany Indiana

MOTHER 15. MAIDEN NAME Mary Gallagher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) San Antonio Texas

17. INFORMANT (ADDRESS) E. J. Sillings 3157 Russell Pl

18. BURIAL, CREMATION, OR REMOVAL PLACE SS Peter & Paul DATE 12-30-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Decas J Hoffmeyer 4016 Chippewa

20. FILED DEC 30 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 to Dec 29 1938. I last saw him near alive on Dec 29 1938. Death is said to have occurred on the date stated above, at 9:35 A

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

Prematurity 4 months Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis clinical 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 _____, 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 L. M. Jordan _____, M. D.
 (Signed) L. M. Jordan
 (Address) 215 W. 1st St

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.

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,

To Embalming

....., or by

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

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.