

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

791
1000
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4158a N. Newstead Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 78 yrs. (Specify whether years, months or days)

REC'D NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4158a N. Newstead Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1929 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct. 11
1929 to Oct. 25 1929
that I last saw her alive on Oct. 25 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Caused by chronic myocarditis.
Due to _____
Due to _____

Duration

2 weeks

Other conditions (Include pregnancy within 3 months of death) 93e

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. D. Pugh (M. D. certifier)
Address 4158 N. Newstead Ave. Date signed 10/26/29

3. (a) PRINT FULL NAME Sarah E. Silver 4-16

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John H. Silver 6. (c) Age of husband or wife if alive Deed. years

7. Birth date of deceased Oct. 7th. 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name John Barsaloux

13. Birthplace Dont Know
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know
(City, town, or county) (State or foreign country)

15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature S. E. Silver

(b) Address 4118 Lee Ave.

17. (a) Burial (b) Date thereof 10-28-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Press & Hud Co.

(b) Address 3710 N. Grand Bldg.

19. (a) OCT 27 1939 (Date received by registrar)
J. F. B... (Signature)

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, or by Me

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

Signed

A. A. Smothers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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.