

No. 2  
-12-40  
17-39  
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9170**  
Registrar's No. **2580**

791

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: **753 Aubert**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **753 Aubert** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Ralph R Silcott**

20. DATE OF DEATH: Month **Mar** day **21**  
year **1941** hour **2** minute **15** AM.

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

21. I hereby certify that I attended the deceased from **Jan 5**, 19**41**, to **Mar 21**, 19**41**;  
that I last saw him alive on **Mar 20**, 19**41**;  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Coronary Occlusion** Duration \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Harriett Silcott** 6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **November 1 1869**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **4** Days **20** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to **Increased Tension**  
Due to \_\_\_\_\_  
Other conditions **Angina pectoris**  
(Include pregnancy within \_\_\_\_\_ months of death)

9. Birthplace **West Va.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business **none**

12. Name **William Silcott**

13. Birthplace **West Va.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Peck**

15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Harriett Silcott**

(b) Address **753 Aubert**

17. (a) **Burial** (b) Date thereof **March 24-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**

18. (a) Signature of funeral director **A. K. L. Co**

(b) Address **2707 Grand Blvd**

19. (a) **MAR 22 1941** (b) **J. W. Zedek**  
(Date received local registrar) (Registrar's signature)

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 **Edwards Danden** (M. D. or other)  
Address **7030th Ave** Date signed **3-21-41**

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signature

*Paul F. Krollenberg*

Licensed Embalmer No.

*263*

P. O. Address

*2707 N. Grand B*

**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, fact should be so stated above.**