

No. 2  
-1-4-41  
5-17-39  
K26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9188**  
Registrar's No. **2598**

APR 21 1941

Registration District No. **791**

Primary Registration District No. **1003**

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:  
**382 N. TAYLOR AVE. /**  
(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)

3. (a) PRINT FULL NAME **ANNE SYLVIA**  
3. (b) If veteran, name war.....  
3. (c) Social Security No. **NOISE**

4. Sex **FEMALE** / 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced. **SINGLE**  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased. **JAN. 3, 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**57 2 18** hr. min.

9. Birthplace **ST. LOUIS** (City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business.....

MOTHER FATHER { 12. Name **JACOB SYLVIA**  
13. Birthplace **KENTUCKY** (City, town, or county) (State or foreign country)  
14. Maiden name **ESTER BETH KELLY**

15. Birthplace **ST. LOUIS MO.** (City, town, or county) (State or foreign country)

16. (a) Informant **LAURA SYLVIA**  
(b) Address **382 N. TAYLOR AVE.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **3-24-41**  
(Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindell Blvd.**

19. (a) **MAR 24 1941** (Date received local registrar) (b) **J. W. Breakey** (Registrar's signature)

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. **382 N. TAYLOR AVE.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH**, day **21**,  
year **1941** hour **3.45** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 28**  
**1941**, to **Mar 21**, 1941;  
that I last saw h. **alive** on **3/21**, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Coronary Infarct** Duration **3 1/2**

Due to **arteriosclerosis  
chronic myocarditis**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

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 **Thos. M. Martin** (M. D. or other)  
Address **624 No Grand** Date signed **3/22**

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

Dr. J. ...  
9100 ...  
85727

**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.

Signed, W. H. Van Matre  
Licensed Embalmer No. 2825  
P. O. Address. 4340 Lafayette

**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.