

FILED FEB 11 1942

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 238

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Normandy Township, Williston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6330 Ridge
(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 Missouri (b) County 96
 (c) City or town Williston
(If outside city or town limits, write "RURAL")
 (d) Street No. 6330 Ridge Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Lilly T. Silliman

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex Female

5. Color or

race White

6. (a) Single, widowed, married,

divorced Widowed

6. (b) Name of husband or wife

Charles E. Silliman

6. (c) Age of husband or wife if

alive Deceased years

7. Birth date of deceased.

About 1861
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

About 80

80

hr. min.

9. Birthplace

St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

At Home

12. Name

William Thurn

13. Birthplace

Long Island, N. Y.
(City, town, or county) (State or foreign country)

14. Maiden name

Edith Jackson

15. Birthplace

London, England
(City, town, or county) (State or foreign country)

16. (a) Informant

Thurn & Silliman

(b) Address

#337 2nd N. Little Rock Ark

17. (a)

Rural

(b) Date thereof

2-2-1942
(Month) (Day) (Year)

(c) Place: burial or cremation

My Lebanon Cem

18. (a) Signature of funeral director

Yes L. Pleitach, Inc

(b) Address

5966 E. 1st St. St. Louis 79

19. (a)

JAN 31 1942

(b)

E. W. McParlan

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th
 year 1942 hour 4:32 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes.

Due to Bronchial pneumonia

Due to _____

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

Major findings:
 Of operations _____

Of autopsy Yes

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 Louis H. Poplar

Address Kirkwood, Mo. Date signed 1/30/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 14 1947

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.....

Louis H Boff

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

working under my personal supervision.

Signed.....

Louis H Boff

Licensed Embalmer No. *921*

P. O. Address *Turkwood Ms.*

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.