S. No. 2
I—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

Registration District No. 1791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23123

Registrar's No. 6675

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:
5452 Murdoch Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 914
(If outside city or town limits, write "RURAL")

(d) Street No. 5452 Murdoch Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John B. Sills

3. (b) If veteran, name war None

3. (c) Social Security No. 492-12-9924

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Sarah Sills

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 12th (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
75	9	25	hr. min.

9. Birthplace Lestershire (City, town, or county) England 4 (State or foreign country)

10. Usual occupation Building Industry Supt.

11. Industry or business

FATHER
12. Name Joseph Sills
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Unknown Hackett
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mrs. Hazel Schrader
(b) Address 5452 Murdoch Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th year 1942 hour 5:45 minute A.M. M.

21. I hereby certify that I attended the deceased from July 1, 1942, to Aug. 6, 1942 that I last saw him alive on Aug. 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema — Duration 7 days

Due to Chronic myocarditis

Due to Chronic Endo carditis (mitral ins.)

Due to Arterio Sclerosis

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? (Specify type of place)

While at work? (c) Means of injury

23. Signature W. G. Henning (M. D. or other)

Address 4548 Morris Av. Date signed 8/7/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. G. Krenning
4548 Harris Ave
Bo. 5758

1-2

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 Reinhold K Lehrmann

Licensed Embalmer No. 3395

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, fact should be so stated above.