

FILED NOV 18 1943

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2648 Pestalozzi St. L.
(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 000
(c) City or town ST. LOUIS 174
(If outside city or town limits, write "RURAL") 324
(d) Street No. 2648 Pestalozzi Av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Clarence E. Syler

3. (b) If veteran,

name war World War I

3. (c) Social Security

No. 269-16-1838

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Iola F. Syler
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Dec. 25 1899
(Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Cook, Emerson Elect. Co.

11. Industry or business

12. Name Syler
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown (City, town, or county) (State or foreign country) 9
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant Iola F. Syler

(b) Address 2648 Pestalozzi St.

17. (a) Burial (b) Date thereof 11-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director With Bro. L & Mo.

(b) Address 2929 S. Jefferson Av.

19. (a) NOV 6 1943 (b) J. B. Buresh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1943 hour 5 minute 45 a. m.

21. I hereby certify that I attended the deceased from Sept 13 1943 to Nov 5 1943
that I last saw him alive on November 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
chronic
Secondary Anemia
Due to Hemorrhoids

Duration
6 Months
6 months
2 years

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) (a) Means of injury _____

23. Signature Leroy E. Ellison (M. D. or other) MB
Address 3670 56 Broadway Date signed 11-5-43

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

MOTHER FATHER

DEC 31 1948

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *2929 S. Jefferson*

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.