

FILED MAR 6 1944 **318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **29 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Nellie Silies**

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 **married**  
6. (b) Name of husband or wife **George Silies** 6. (c) Age of husband or wife if alive **84** years  
7. Birth date of deceased **July 29 1866**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **26** If less than one day hr. min.

9. Birthplace **Mount Vernon Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Houswife**

11. Industry or business \_\_\_\_\_

MOTHER-FATHER { 12. Name **J. Spriggs**  
13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary White**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Mary Henkey**

(b) Address **2344 Warren St.**

17. (a) **Burial** (b) Date thereof **2-29-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**  
(b) Address **2223 St. Louis Ave.**

19. (a) **FEB 28 1944** (b) **J. F. Bredich**  
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **12**  
(If outside city or town limits, write "RURAL") **928**  
(d) Street No. **2344 Warren St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **24th**  
year **1944** hour **6:45** minute **P. M.**

21. I hereby certify that I attended the deceased from **Jan. 27th**  
19 **44**, to **Feb. 24th** 19 **44**  
that I last saw **alive** on **Feb. 24th** 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized arteriosclerosis** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_ **97**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none** Of autopsy **same** 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 **Deed Wade** (Name of other) \_\_\_\_\_  
Address **1515 Lafayette** Date signed **2/25/44**

**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.....

*John P. Bickholz*

Licensed Embalmer No.....

*1674*

P. O. Address.....

*2223 S. Highway Ave*

**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.**