S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5798

State File No. 2258

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9/8

(a) State Missouri (b) County

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

(d) Street No. 3035a Hickory
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Sylvester

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male

5. Color or race Col

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Susie Sylvester

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July (Month) 10 (Day) 1895 (Year)

8. AGE: Years 48 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Natchez (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Labor.

11. Industry or business

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

MOTHER
14. Maiden name Lucas Ferry, Sylvester
15. Birthplace Miss. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Susie Sylvester
(b) Address 2609 Walnut, St Louis Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-7-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Earth Shrine Gdns

18. (a) Signature of funeral director P. L. Griggler
(b) Address 1518 Piggott E St Louis

19. (a) MAR 7 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5, year 1944 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 2, 1944, to March 5, 1944; that I last saw him alive on March 5, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Alva Moore (M. D. or other)
Address 2601 Whittier Date signed 3/7/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3518

P. O. Address St. Louis Mo

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.