

S. No. 2
FORM-5-43
Rev. 5-17-39
No. I X36871

13075
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9457
State File No. 2775
Registrar's No.

Registration District No. 318 Primary Registration District No. 0003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(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: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3934 Falsom Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Sills
3. (b) If veteran, name war Stone
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 22nd
year 1944 hour 4:05 minute P. M.
21. I hereby certify that I attended the deceased from February 21th
1944 to March 22nd, 19 44
that I last saw h. im alive on March 22nd, 19 44
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married 2 divorced widowed
6. (b) Name of husband or wife Kate Nora Sills
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 27th 1863
(Month) (Day) (Year)

Immediate cause of death:
Bronchiectosis Bilateral 3yr
Due to arterio-sclerotic heart disease 4yr
Other conditions (Include pregnancy within 3 months of death)
Major findings: none
Of operations none
Of autopsy none

8. AGE: Years 81 Months 0 Days 25
23 If less than one day hr. min.
9. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER }
10. Usual occupation Key smith
11. Industry or business unknown
12. Name unknown Sills
13. Birthplace unknown
(City, town, or county) (State or foreign country)

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

14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Anna Nazrien
(b) Address 3914 Falsom Ave
17. (a) Burial (b) Date thereof 3-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Wiegshausen Mortuaries
(b) Address 4228 South King Highway
19. (a) MAR 27 1944 (b) J. T. ...
(Date received local registrar) (Registrar's signature)

23. Signature W. J. Verda (M. D. or other)
Address 1515 Lafayette Date signed 3/22/44

544 (Licensed Embalmer's Statement on Reverse Side)

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

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..... *Edwin H. McWernatt*

Licensed Embalmer No. *3024*

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.