S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8303

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2727

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4190 W Bell Pl. (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:
(a) State Missouri (b) County 17
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4196 W Bell (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAY SYPRET
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEM
5. Color or race Col
6. (a) ~~Single, widowed~~, married, divorced Wid
6. (b) Name of husband or wife Irving Syfret
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 (Month) 10 (Day) 1886 (Year)
8. AGE: Years 58 Months 7 Days 13 If less than one day hr. min.
9. Birthplace Pembroke (City, town, or county) Ky. (State or foreign country)
10. Usual occupation House Wife
11. Industry or business Home
MOTHER FATHER
12. Name Sideotandy
13. Birthplace Christian Co. Ky (City, town, or county) (State or foreign country)
14. Maiden name Sallie Bell
15. Birthplace Christian Co. Ky (City, town, or county) (State or foreign country)
16. (a) Informant Irving Syfret
(b) Address 4190 W Bell Pl.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Mem
18. (a) Signature of funeral director L. L. Jewell
(b) Address 1013 Garrison
19. (a) MAR 27 1945 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd year 1945 hour 8:00 minute A. M.
21. I hereby certify that I attended the deceased from March 16, 1945, to 3-23, 1945, that I last saw him alive on 3-23, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Acute 4 WEEKS
Due to unknown
Due to "
Other conditions none
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy "

Duration

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
23. Signature Henry Eshrupt (M. D. or other)
Address 7328 Manchester Date signed 3-24-45

(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 Clark Young

Licensed Embalmer No. 337F

P. O. Address St Louis

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.