

FILED FEB 19 1946

Registration District No. **318**

Primary Registration District No. **1003**

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas **107**
(c) City or town Houston **N.R.O.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Glenn Sillyman

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Sillyman 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June 20 1901
(Month) (Day) (Year)

8. AGE: Years 44 Months 7 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Hardware Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name James Sillyman
13. Birthplace Gasconade Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cora Young
15. Birthplace Houston Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Sillyman
(b) Address Houston, Mo.

17. (a) Burial (b) Date thereof 2-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Houston, Missouri

18. (c) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) FEB 4 1946 J. Z. Bredbeck
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1946 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1946 19____ to Feb. 3, 1946 19____;
that I last saw him alive on Feb. 3, 1946 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor, malignant (spongioblastoma, multiforme) **Duration**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy As above

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 JR Bradley (M. D. or D.O.) J
Address Barnes Hospital Date signed 2/4/46

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

6896

JUN 20 1945

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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..... *Elmo B. Cadwell*

Licensed Embalmer No. *4077*

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.