

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2996**
1902
Registrar's No.

Registration District No. **318** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution:
6067 Cabanne Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **34 yrs.** years, months or days)

3. (a) PRINT FULL NAME **George W. Sylvia**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **Lillian Sylvia** 6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **June 6th., 1884**
(Month) (Day) (Year)

8. AGE: Years **61** Months **8** Days **18** If less than one day _____ hr. _____ min.
Conn. / (State or foreign country)

9. Birthplace **Foreman** (City, town, or county) (State or foreign country)

10. Usual occupation **Amer. Lamp**

11. Industry or business **Thomas Sylvia**

12. Name **Thomas Sylvia**

13. Birthplace **Conn. /** (City, town, or county) (State or foreign country)

14. Maiden name **Catherine Boyle** (City, town, or county) (State or foreign country)

15. Birthplace **Conn. /** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lillian Sylvia**

(b) Address **3724 Melba Place**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-27-46** (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Kunnally**
(b) Address **3840 Lindely Blvd.**

19. (a) **FEB 28 1946** (Date received local Registrar) **J. F. Brueck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Pine Lawn**
(d) Street No. **3724 Melba Place**
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **25th.** 24th
year **1946** hour **7** minute **30** P. M.

21. I hereby certify that I attended the deceased from **19** 19**30** **Feb 25** 19**45**
that I last saw him alive on **Jan 4** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary atherosclerosis**
Deletation of heart
Due to **Ch. Rheumatism**
Eulceration of aorta
Other conditions (Include pregnancy within 3 months of death) **9/2**

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature **J. F. Brueck** (Specify type of place) _____ (e) Means of injury _____
Address **607 1/2 Grand** Date signed _____

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

17
9

6346

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address: 3840 Lindell

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.