No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1946
#61900

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35601

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8728

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: St.Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town ~~St.Louis~~ Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1517 Irving N.R.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SAM SILVEY

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

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased November 18th, 1875
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation Filling Station Attendent

11. Industry or business

FATHER
12. Name Isham Silvey
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cecelia Flugham
15. Birthplace Mt. Vernon,Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant George Silvey
(b) Address 7012 Lexington,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-46
(Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.,City.

19. (a) OCT 10 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th
year 1946 hour 6:15 minute P M.

21. I hereby certify that I attended the deceased from 8/26/46
, 19 , to Oct. 9th, 1946
that I last saw him alive on Oct. 9th, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Undifferentiated Carcinoma of lung c̄	carcinoma
Due to: metastases to lung, ileum and Rt femur	months
Due to: Pathological Fracture of Rt femur secondary to above	2 wks
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? (c) Means of injury

23. Signature Robert Gilbert M.D. 4515 Lafayette 10/10/46 (M.D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

34423

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.