

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25292

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MO</u> b. COUNTY <u>St. Francois</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>94</u> OR TOWN <u>Farmington</u> d. STREET ADDRESS (If rural, give location) <u>4</u> <u>NR.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>NR.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Silvey</u> c. (Last) <u>Silvey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 5 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Apr 15, 1940</u>
9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 15 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Bonne Terre Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George Silvey</u>		13b. MOTHER'S MAIDEN NAME <u>Aline St James</u>	
14. NAME OF HUSBAND OR WIFE <u>X George Silvey X Farmington</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Silvey Farmington Mo</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infantile paralysis</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>26</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>0 80 3</u>			
22. I hereby certify that I attended the deceased from <u>Aug 4, 1949</u> to <u>Aug 5, 1949</u> , that I last saw the deceased alive on <u>Aug 4, 1949</u> , and that death occurred at <u>6:08 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Wistar Whit M.D.</u> (Degree or title)		23b. ADDRESS <u>415 Collins St. Louis</u>	
23c. DATE SIGNED <u>8/6/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-5-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Park View</u>		24d. LOCATION (City, town, or county) (State) <u>Flat River, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 6 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Faraker</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS <u>4700 Washington Blvd.</u>	

WRITE PLAINLY—USING 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 Me

working under my personal supervision.

Student Embalmer No.....

Signed E. J. Reubens

Signed.....  
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

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.