

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25282  
5956  
Registrar's No. 1005

FILED JUL 18 1950

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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 _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		TOWNSHIP <u>2179</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2314 S. Compton Ave.</u>				STREET ADDRESS (If rural, give location) <u>2314 S. Compton</u>			
3. NAME OF DECEASED (Type or Print) <u>BARBARA</u>		a. (First)		b. (Middle) <u>Silies</u>		c. (Last)	
4. DATE OF DEATH <u>July 8 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Nov 26 1866</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u>		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Germany - 4</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>? Seitz</u>		13b. MOTHER'S MAIDEN NAME <u>Unkue</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Silies</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs J. HINRICHS 2314 S. Compton.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Valvular Heart Disease</u> 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. _____				INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>421.0</u>			
22. I hereby certify that I attended the deceased from <u>Aug 1950</u> to <u>July 6 1950</u> that I last saw the deceased alive on <u>July 3 1950</u> and that death occurred at <u>3 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE OF RESNIKOFF <u>J. P. Resnikoff</u>		23b. ADDRESS <u>3612 S. Jefferson</u>		23c. DATE SIGNED <u>7-10-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>10.0ml</u>		24b. DATE <u>July 11/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S. Peter &amp; Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUL 10 1950</u>		REGISTRAR'S SIGNATURE <u>J. P. Resnikoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und Co. 7420 Michigan Ave.</u>			

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

*Xr G. Reamkeff*

*Si 2479*

*3400*

*or*

*36<sup>00</sup>*

*So Jefferson Ave*

*1-4 PM*

*RR 0102*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed *Van M. Sigamone*

Licensed Embalmer No. *4645*

P. O. Address *L. 2nd St*

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.