

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

30040

FILED SEP 3 - 1952

State File No. 30040  
Registrar's No. 7603

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2079</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>2 Weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital No. 1</b>		d. STREET ADDRESS (If rural, give location) <b>4724 Beacon Avenue</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>EDNA</b>	b. (Middle) <b>MAE</b>	c. (Last) <b>SILCH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 9, 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 2, 1893</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>58</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>August Newhouse</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Koerner</b>	
14. NAME OF HUSBAND OR WIFE <b>Mr. Harry A. Silch.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Harry A. Silch,</b>		ADDRESS <b>4724 Beacon Avenue.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>generalized carcinomatosis (primary site undetermined)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
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 checked="" 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) _____		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? _____		22. I hereby certify that I attended the deceased from <b>Aug. 1</b> <b>1952</b> , to <b>Aug. 9</b> , <b>1952</b> , that I last saw the deceased alive on <b>Aug. 9</b> , <b>1952</b> , and that death occurred at <b>1:45 A.M.</b> , from the causes and on the date stated above.		<b>1999</b>	
23a. SIGNATURE <b>Carl L. Linder, M.D.</b> (Degree or title) <b>0</b>		23b. ADDRESS <b>1515 Lafayette Ave.</b>		23c. DATE SIGNED <b>8-9-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-12-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ZION CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>Wellston, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son Inc.</b>		ADDRESS <b>2161 E. Fair Ave.</b>	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <b>AUG 11 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son Inc.</b>	
ADDRESS <b>2161 E. Fair Ave.</b>		(Licensed Embalmer's Statement on Reverse Side)			

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Wm. D. Hays*

Licensed Embalmer No. \_\_\_\_\_

*3737*

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.