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FILED SEP 3-1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30100
State File No. 7783
Registrar's No. 7783

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY		2059		
b. CITY (If outside corporate limits, write RURAL and give town)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)		0		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		6108 Washington Blvd.		5		
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle)			c. (Last) Syron		
4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1952			5. SEX F.			6. COLOR OR RACE W.		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH Jan. 20, 1881			9. AGE (In years last birthday) 71		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (City and State or Foreign Country) Salem, Illinois, /		
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Jeremiah Connors			13b. MOTHER'S MAIDEN NAME Ann Scully		
14. NAME OF HUSBAND OR WIFE Michael Syron			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME Mary Syron			ADDRESS 6108 Washington Blvd.			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.		
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 442X		
22. I hereby certify that I attended the deceased from Jan 1, 1952, to Aug 14, 1952, that I last saw the deceased alive on Aug 1, 1952, and that death occurred at 11.15 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) R. Kummerlaue M.D.			23b. ADDRESS 1117 N. Spruce			23c. DATE SIGNED 8/15/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 8-18-52			24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly			ADDRESS 3840 Lindell		
DATE REC'D BY LOCAL REGISTRY Aug 15 1952			REGISTRAR'S SIGNATURE C. Smith			M.D.		

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

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

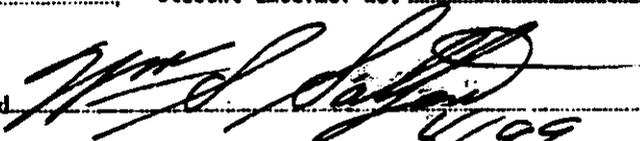
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 699

P. O. Address St. Charles

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.