

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7951

State File No.

FILED MAR 11 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 1824

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 7 mo 21 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary		d. STREET ADDRESS 5800 Arsenal St		0	
3. NAME OF DECEASED (Type or Print) Henry		a. (First)		b. (Middle)	
c. (Last) Silvers.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1953			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH July 27, 1873		9. AGE (In years last birthday) 79		10. UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) Trent, England		12. CITIZEN OF WHAT COUNTRY? U.S.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drill Press Operator		10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME Henry Silvers		13b. MOTHER'S MAIDEN NAME Amelia Wheatert		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 488-30-2254		17. INFORMANT'S SIGNATURE OR NAME City Inf. Records	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis,</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>With cerebral and cardiac elements.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 334X	
22. I hereby certify that I attended the deceased from <u>June 24, 1952</u> , to <u>Feb. 14, 1953</u> , that I last saw the deceased alive on <u>Feb. 14, 1953</u> , and that death occurred at <u>11:40 A.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Palmer Avenue Bowditch W W</u>		(Degree or title)		23b. ADDRESS 5800 Arsenal St	
23c. DATE SIGNED 2-14-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-17-53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.					
DATE REC'D BY LOCAL REG. FEB 16 1953		REGISTRAR'S SIGNATURE <u>W. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Worrel Funeral Home</u>	
				ADDRESS 4212 St. Louis	

(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 John J. Haenic

Licensed Embalmer No. 4108

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.