

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036935

FILED VS SEP 19 1960

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2612

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Hgts		Length of stay in 1b 3 wks		c. CITY OR TOWN Overland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 10101 Niblic		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Marie Middle J Last Silliman				4. DATE OF DEATH Month Sept Day 5 Year 1960					
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/5/1918		9. AGE (last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY USA		IF UNDER 1 YEAR Months Days Hours Min.	
13a. FATHER'S NAME Kaestner			13b. MOTHER'S MAIDEN NAME Woomer			14. NAME OF HUSBAND OR WIFE Melville J Silliman			
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. 495-12-4772		17. INFORMANT Address Melville J Silliman Overland Mo					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Hypertension & Hypoalbuminemia DUE TO (c) Recurrent carcinoma of cervix PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Extension of Ca to bladder PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown								INTERVAL BETWEEN ONSET AND DEATH Today - 18 hrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 1959 to 1960 and last saw her alive on 9/5/60 Death occurred at 8:45 P on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) [Signature]				22b. ADDRESS 1115 N. [Address]		22c. DATE SIGNED 9-6-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/8/60		23c. NAME OF CEMETERY OR CREMATORY S Peter & Paul Cem		23d. LOCATION (City, town, or county) (State) St Louis Mo			
24. FUNERAL DIRECTOR ADDRESS Ortmann F Home 9222 Lackland Overland Mo				25. DATE RECD. BY LOCAL REG. 9-6-60		26. REGISTRAR'S SIGNATURE [Signature]			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1105 N. [Address] 86 1-570A

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ad P. O. Williams

Licensed Embalmer No. 3478

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.