

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1002

City St Louis Mo (No. 2300 S. 104)

File No. 25746

Registered No. 17564

St. .... Ward

**2. FULL NAME** Theodore Silies

(a) Residence. No. 2419 1/2 So 10 St. 23 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

white

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF**

Catherine Silies

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

12-25-1868

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

59 | 6 | 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

St Louis Mo

**10. NAME OF FATHER**

Henry Silies

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**12. MAIDEN NAME OF MOTHER**

Elia unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**14.**

INFORMANT Catherine Silies

(Address) 2419 1/2 So 10 St St Louis Mo

**15.**

FILED 23 1928 Ray Stankert REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

Read dead  
**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 7-22 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to ....., 19....., and that I last saw him alive on .....

death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
935

**CONTRIBUTORY (SECONDARY)**

W.M.A.  
T.O.B.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**18. DID AN OPERATION PRECEDE DEATH? DATE OF**

WAS THERE AN AUTOPSY? yes

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) J.W. Kemmer

223, 19 28 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

St Peter & Paul Cem

7-24 1928

**20. UNDERTAKER**

**ADDRESS**

Weick Bros 2201 So Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

