

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.

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **5946**

1. PLACE OF DEATH: **1003**  
 (a) County **St. Louis**  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: **2121 Menard St.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME **Herman Henry Silies**  
 (b) If veteran, name war **None**  
 (c) Social Security No. **None**

4. Sex **Male**  
 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 (b) Name of husband or wife **Barbera Silies**  
 (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **Nov. 30, 1865**  
 (Month) (Day) (Year)

8. AGE **73** Years **45** Months **9** Days **3**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis, Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired**  
 11. Industry or business **Retired Merchant**  
 12. Name **Henry Silies**  
 13. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Barbera Silies**  
 (b) Address **2121 Menard St. Old S.S. Peter Paul**  
 17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof **7/7/39**  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director **Fendler Und. Co.**  
 (b) Address **7420 Michigan Ave.**  
 19. (a) **July 6, 1938** **J.P. Bradeck**  
 (Date and local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2121 Menard**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **July** day **4**  
 year **1939** hour **2:36 PM** M.  
 21. I hereby certify that I attended the deceased from **May 9<sup>th</sup>**, 19**39**, to **July 4**, 19**39**;  
 that I last saw him alive on **July 4**, 19**39**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Hemiplegia**  
 Due to **Atherosclerosis**  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature **Walter H. Nerke** (M. D. or other)  
 Address **900 Russell St.** Date signed **7/5/39**

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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

9th of Russell  
Dr C. T. Perkins  
7<sup>PM</sup>.

**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.....

*O. L. Fendler*

Registered Apprentice No. *186*

working under my personal supervision.

Signed *Wilson Collins*

Licensed Embalmer No. *3887*

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, above space should be left blank.