

1940

FILED FEB 7 1940

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

3901

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township St. Ferdinand Primary Registration District No. 200 Registered No. 233
(c) City St. Louis Rural (d) Street No. Villa Gesu Convent St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sister Mary Dorothy Silla

(a) Residence, No. Riverside Drive - R. 3 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 0 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, MissouriFATHER 13. NAME John Silla 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6MOTHER 15. MAIDEN NAME Dora Cassi 116. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 617. INFORMANT (ADDRESS) Sister Mary Ludwiga18. BURIAL, CREMATION, OR REMOVAL PLACE Villa Gesu Cemetery DATE February 5, 194019. FUNERAL DIRECTOR (ADDRESS) Theodora Tandler20. FILED FEB 4 - 1940 W. R. Pfeiffer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 1st 1940

22. I HEREBY CERTIFY, that I attended deceased from

June 1937 to Jan 31st, 1940I last saw him alive on Jan 31st, 1940. Death is saidto have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

1-30-40

Other contributory causes of importance:

Arteriosclerosis and HypertensionName of operator Gram Date of noWhat test confirmed diagnosis? Gram Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Albert A. Beck M. D.(Address) 538 1/2 Union Blvd

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)