DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12789

Registration District No. APR 13 1943

Primary Registration District No. 1003

Registrar's No. 3110

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5618 Columbia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. ~~5618 Columbia Street~~
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

NR

3. (a) PRINT FULL NAME Albert A Silhavy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife May

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 6 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
63	9	25	hr. min.

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

10. Usual occupation Shoeworker

11. Industry or business Self

FATHER
12. Name William Silhavy
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Loydia
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature May Silhavy
(b) Address 5618 Columbia

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-2-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director C. Hoffmeister Mt & Co.
(b) Address 6464 Chippewa

19. (a) (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31
year 1943 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from March 30 43, 19 , to March 30, 1943
that I last saw her alive on March 30, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: mitral regurgitation aortic	3 weeks.
Due to unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. D. Hemmerle Jr. (M. D. or other)
Address 6400 Columbia Ave Date signed 4/1/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 1 X19511

Dr. J. P. Hennerichs
6200 Columbia Ave.,
St. Louis, Missouri

Office Hours 9:00 AM

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 6464 Chippewa

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.