S. No. 2
M—5-42
. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32657

FILED SEP 25 1943

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 245

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Pine Lawn (If outside city or town limits, write "RURAL")
(d) Street No. 6408 Myron Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 1

3. (a) PRINT FULL NAME Mary E. Sylvester
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Dennis G. Sylvester
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 5 (Day) 1865 (Year)
8. AGE: Years 77 Months 9 Days 17 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. FATHER Name John Zolman
13. FATHER Birthplace (City, town, or county) Ohio 1 (State or foreign country)
14. MOTHER Maiden name Unknown
15. MOTHER Birthplace (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Everette Sylvester
(b) Address 6408 Myron Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) SEP 23 1943 (Date received local registrar) (b) C. T. McKamey, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 year 1943 hour 4 minute 45 A. M.

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

Immediate cause of death Cardiac failure
Senile dementia
Arterio sclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 Charles D. Duden (M. D. or other)
Address 3770 Washington Ave. Date signed 9.27.43

(Licensed Embalmer's Statement on Reverse Side)

Rooms, 1011
till 5 P.M.

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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, fact should be so stated above.