

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **32371**
Registrar's No. **8771**

FILED OCT 25 1945
318

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1428 E. Linton Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 64 years
years, months or days)

3. (a) PRINT FULL NAME John P. Sill

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline Sill nee Klasing (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 25, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 12 hr. min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Nicholas Sill

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Betts

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Caroline Sill

(b) Address 1428 Linton Ave

17. (a) Burial (b) Date thereof 10/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director: Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 11 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aru
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 917
(d) Street No. 1428 Linton Ave
(If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th
year 1945 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from July
1945 to Oct 7 1945
that I last saw him alive on Oct 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death. Heart block complete

Due to Arteriosclerotic
Heart disease

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? (c) Means of injury.....

23. Signature W. C. Beacross (M. D. or other)
Address 529 N. 7th Date signed 10-10-45

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

2
7
9

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

William G. Buchholz

Licensed Embalmer No.

2110

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, fact should be so stated above.