

No. 2
2-45
7-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1946
STANDARD CERTIFICATE OF DEATH

35651

Registration District No. **318** Primary Registration District No. **1003** State, File No. _____ Registrar's No. **8229**

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:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Mary A. Sylvester
3. (b) If veteran, name war No 3. (c) Social Security No. Unknown
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Sylvester 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 27 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 25 hr. _____ min.

9. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name William B. Garner
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Mary Bessore
15. Birthplace Millington Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant James W. Sylvester
(b) Address 1806 Hickory St.
17. (a) Removal (b) Date thereof 9-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memphis, Tennessee

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
SEP 24 1946 J. F. Bredeler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 210
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 22/10
(d) Street No. 1806 Hickory St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 22nd
year 1946 hour 1:15 minute _____ P _____ M.
21. I hereby certify that I attended the deceased from 7/22/46
_____ 19 _____ to Sept. 22nd 1946
Sept. 22nd, 1946
that I last saw her alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis - enteric Duration ? Mos.
Due to Lungs were not involved
Due to _____

Other conditions Dementia - cerebral sclerosis ? years
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Same as gross examination - Micro report not yet available
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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)
Means of injury _____
23. Signature John St. Thomas (M. D. or other) 9/23/46
Address 1515 Lafayette Date signed _____

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

OCT 21 1946

outfitting - embalmer

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

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.