No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

87004

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28216

Registration District No. FILED AUG 23 1948 318

Primary Registration District No. 1003

Registrar's No. 7024

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 G. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks (Specify whether
In this community 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1550a So. Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELVA OLIVE SILL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Fred

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

7. Birth date of deceased April 29, 1888
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	3	9	hr. min.

9. Birthplace Hillsdale, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business At Home

MOTHER FATHER

12. Name Zedda Rutledge

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

14. Maiden name Esther Busie

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

16. (a) Informant Zedda Smith

(b) Address 1457a Monroe Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-11-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) AUG 10 1948 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8th year 1948 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from 6-21-48, 19..., to 8-8-48, 19...; that I last saw her alive on 8-8-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hepatic coma	
Due to: Cirrhosis of the liver alcoholic	
Due to:	
Other conditions: Late latent syphilis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy yes

PHYSICIAN

Underline the cause of 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 Geo. L. Bryan M.D. (M. D. or other)

Address 1515 Lafayette Date signed 8-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....C. H. Cooper.....

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.