

FILED DEC 27-1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42965

State File No.

BIRTH NO. 105693 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10513

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis City Hospital # 1)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 1 1/2		d. STREET ADDRESS (If rural, give location) UNKNOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. # 1			

3. NAME OF DECEASED a. (First) CHARLES b. (Middle) SILLIPHANT c. (Last)			4. DATE OF DEATH (Month) DEC. (Day) 14, (Year) 1949		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV. 19, 1882	9. AGE (In years last birthday) 67 If UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY N/A	11. BIRTHPLACE (State or foreign country) HALIFAX, NOVA SCOTIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WM. C. SILLIPHANT	13b. MOTHER'S MAIDEN NAME PAULINE BURGESS	14. NAME OF HUSBAND OR WIFE SINGLE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service) ?	16. SOCIAL SECURITY NO. 150-05-4448	17. INFORMANT'S SIGNATURE OR NAME NEW YORK ADDRESS MRS. NETTIE PETERS 2425 N. 2919 MT. PLEASANT ST.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 12 MO 2X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12/11**, 19 **49** to **12/14**, 19 **49**, that I last saw the deceased alive on **12/14**, 19 **49** and that death occurred at **8:05 P.m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) John W. Koehler, M.D.	23b. ADDRESS 1515 Lafayette Ave	23c. DATE SIGNED 12/15/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/16/49	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.
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DATE REC'D BY LOCAL REG. DEC 16 1949	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. ... 3934 N. 20 St.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Neville B. Frohwitter

Licensed Embalmer No. *3696*

P. O. Address *3934 No 20th St.*

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.

No Embalmed