

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39733

FILED NOV 28 1951

1003

State File No. _____
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 8779

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine Lawn</u>		d. STREET ADDRESS (If rural, give location) <u>3813 Jennings Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospt.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>B.</u> c. (Last) <u>Sills</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 4 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 11 1865</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bricklayer</u>	
11. BIRTHPLACE (State or foreign country) <u>England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>? Sills</u>		13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna J. Sills Deo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489 20-7631</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Francis M Sills</u>		ADDRESS <u>3813 Jennings Road</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver (hepatic)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 yr</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Common duct obstruction</u>		DUE TO (c) <u>Pneumonia</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>3811</u>			
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>49</u> , to <u>Oct</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-2</u> , 19 <u>51</u> , and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph E. Flynn M.D.</u> (Degree or title)		23b. ADDRESS <u>634 N. Grand, St. Louis</u>	
23c. DATE SIGNED <u>10-4-51</u>			
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>Oct 6 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 4 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>		ADDRESS <u>1125 Hodiamont Ave</u>	

Dr Joe Flynn
Mo Fire Bldg.
4 to 6

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 *Alfred J. Boedeker*
Licensed Embalmer No. *2463*

P. O. Address *1125 Hodgkinson*

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.