

FILED FEB 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3504

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>3.7</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				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) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>9</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Berkley City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8904 Wilford Court</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Warren</u>		b. (Middle) _____		c. (Last) <u>Sillman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 5 - 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>1-8-1933</u>		9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Camby, Minn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Harold Sillman</u>			13b. MOTHER'S MAIDEN NAME <u>Esther Leabs</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Sillman, 8904 Wilford Ct.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Muscular Atrophy</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>9 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>10-16</u> , 19 <u>51</u> , to <u>1-5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-17</u> , 19 <u>52</u> , and that death occurred at <u>12:59 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mad. Simon M.D.</u>				23b. ADDRESS <u>Ferguson Mo.</u>		23c. DATE SIGNED <u>1-17-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-8-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co.</u>		
DATE REC'D BY LOCAL REG. <u>1-5-52</u>		REGISTRAR'S SIGNATURE <u>Robert P. Lombe M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin's</u>			
				ADDRESS <u>2-01 Lafayette Ave., St. Lou</u>			

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 H. G. Farris

Licensed Embalmer No. 3384

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.