

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038491

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2885

DO NOT WRITE ON THIS STUD AMENDED

FILED SEP 28 1963

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Length of stay in 1b 1 day
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 535 W. Rose Hill Ave. Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Kirkwood Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 535 W. Rose Hill Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
DIDRICK SYLLING
 4. DATE OF DEATH Month Day Year
Sept. 16, 1963
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 3/15/99 9. AGE (last birthday) 64 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Independent Pack. Co. 11. BIRTHPLACE (City and state or country) Oslo, Norway 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME Karl Sylling 13b. MOTHER'S MAIDEN NAME Amette Horthe 14. NAME OF HUSBAND OR WIFE Marie Sylling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
 17. INFORMANT Address Mrs. Marie Sylling, 535 W. Rose Hill, Kirkwood Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Hemorrhage, suspected INTERVAL BETWEEN ONSET AND DEATH 2 days
 DUE TO (b) Recurrent carcinoma esophagus 1 1/2 yrs.
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1960 to Sept. 16, 1963 and last saw him alive on Sept 15, 1963
 Death occurred at 5:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Roger Nelson MD 22b. ADDRESS 135 W. Adams Kirkwood Mo 22c. DATE SIGNED 9/16/63 (State)
 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 9/17/63 23c. NAME OF CEMETERY OR CREMATORY Chapel Hill Gardens 23d. LOCATION (City, town, county) Southwest Chicago, Ill.

24. FUNERAL DIRECTOR ADDRESS Bopp Chapel, Kirkwood, Mo. 25. DATE RECD. BY LOCAL REG. 9-17-63 26. REGISTRAR'S SIGNATURE J. B. Murphy MD

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
14003						
24003						
3						
4 0						
5 1						
6						
7 2						
8 2						
9 150X						
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12 44-0						
13						
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ					

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 _____
Signature of Student Embalmer

Signed *Francis J. Wyland Jr*

Licensed Embalmer No. 4512

P. O. Address Philwood Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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