MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3318

1. PLACE OF DEATH

County: 2 — Registration District No. 791

Township: — Primary Registration District No. 1003

City: St Louis (No. 16 South Main St. Ward)

File No.

Registered No. 938

2. FULL NAME William G. Sleyster

(a) Residence. No. 4529 Nebraska St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 28, 1867

7. AGE: Years 59 — Months 9 — Days 27 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Fur Grader & Buyer
(b) General nature of industry, business, or establishment in which employed (or employer): Eugene Donzelot
(c) Name of employer: Fur Co

9. BIRTHPLACE (CITY OR TOWN): Dalton
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Peter Sleyster

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Holland

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Ralph Sleyster
(Address): 4529 Nebraska

15. FILED JAN 27 1927 19 Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 25 1927

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries (Fracture skull)

Fall down with elevator into Shaft

CONTRIBUTORY (SECONDARY): Manner & cause Unk (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm Dever M.D.

1/26, 1927 (Address) Dep Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sunset Burial Park — DATE OF BURIAL: Jan 28 1927

20. UNDERTAKER: C Hoffmeister U & L Co — ADDRESS: 7814 So Bdwy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.