

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

Do not use this space.

38224

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. Sanitarium) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 10820

**2. FULL NAME**

Alex Sliter  
 (a) Residence. No. 7629 Pennsylvania St. 13 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city, or town and State)  
 Length of residence in city or town where death occurred 48 yrs. + mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ellen Sliter  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5, 1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 | 1 | 28

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) New York

10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER \_\_\_\_\_  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT William T Guttler M.D.  
 (Address) 5300 Arsenal St.

15. FILED NOV - 5 1928 New C Starling  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 1928  
 17. I HEREBY CERTIFY, That I attended deceased from May 28, 1928, to Nov 2, 1928, that I last saw him alive on Nov 2, 1928, and that death occurred, on the date stated above, at 9:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cirrhosis of the liver  
due to alcoholism  
17 1/2 A  
 (duration) - yrs. 5 mos. 6 ds. +

CONTRIBUTORY Stenosis of mitral valve  
 (SECONDARY)  
 (duration) - yrs. 5 mos. 6 ds. +

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) William T Guttler, M. D.  
11/3, 1928 (Address) 5300 Arsenal St

\*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 11/6 1928

20. UNDERTAKER Southern U-L ADDRESS 7315 S. Broadway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

