

APR 30 1930

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

Do not use this space.

10110

1. PLACE OF DEATH

County St. Louis  
Township Central  
City St. Louis

Registration District No. 789  
Primary Registration District No. 60.33B  
(No. 9517, Emerson Ave)

File No. \_\_\_\_\_  
Registered No. 81  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Theodore K. Sleeper  
(a) Residence No. 9517 Emerson Ave. 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 Beulah Sleeper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ mla.  
54 0 20

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Sales Manager  
(b) General nature of industry, business, or establishment in which employed (or employer) Sterling Prod Co  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

10. NAME OF FATHER Fred Sleeper

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Ella Troque

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT Mrs Beulah Sleeper  
(Address) 9517 Emerson Ave

15. FILED 3/12 19 30 Wella Bracy M.D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1929 to March 11 1930 that I last saw him alive on Oct 11 1929 and that death occurred, on the date stated above, at 11.250 m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
96  
1080  
Atherosclerosis of Aorta  
Aortitis

CONTRIBUTORY (SECONDARY) Pulm Pneumonia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) [Signature] M. D.  
3/12 1930 (Address) St. Louis

\*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 Lake Charles Cem. DATE OF BURIAL 3-14 1930

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Eastern

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.

3833 Wabash St. L. Mo.

3833 Washington Ave.

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