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.

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

Do not use this space.

17741

File No. .....

Registered No. 4834

1. PLACE OF DEATH

County ..... Registration District No. 1 Dt. 1 Ward

Township ..... Primary Registration District No. 1 Ward

City St. Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Eva Slater

(a) Residence. No. Congress Hotel St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Slater

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1 - 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	5	14	

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

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9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Texas

2

PARENTS

10. NAME OF FATHER Maurice Levy

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

8

12. MAIDEN NAME OF MOTHER Unknown

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

10

14. INFORMANT Dr. Adolph Slater
(Address) Congress Hotel

15. FILED MAY 17 1930 Max C. Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 - 15 1930

17. I HEREBY CERTIFY, That I attended deceased from 4 - 14, 1929, to 5 - 15, 1930 that I last saw h. alive on 5 - 15, 1930 and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia, left, from
82 A Cerebral Apoplexy.
82 D (duration) ....yrs. 10 mos. ....ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ....yrs. ....mos. ....ds.

1941

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? clinical signs.

(Signed) P. D. Stahl, M. D.

5 - 15, 1930 (Address) 453 N. Taylor

*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	DATE OF BURIAL
Mt. Sinai Cemetery	May 19 1930
20. UNDERTAKER	**ADDRESS**
H. Rindskopf	5726 Delmar