

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Ricmond Heights

Registration District No. 1170  
Primary Registration District No. 624876  
St. Mary's Hospital

File No. 26239  
Registered No. W  
St. W Ward

**2. FULL NAME**

(a) Residence. No. 3224 Baroxx St. St. Louis Mo. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Sladex

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/2/1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 4 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

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

10. NAME OF FATHER Frank Sladex

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Frank Sladex Jr  
(Address) 3224 Baroxx St.

15. FILED 7/3 1931 C. B. Jensen  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1931

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 11:20 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Isolation

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Richmond Hts.

IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) John O'Connell, M. D.

7/2 1931 (Address) House of 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 Calvary Cemetery DATE OF BURIAL 7/4 1931

20. UNDERTAKER Meek and Dickman ADDRESS 3039 Eastern

K. 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.



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