

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

Do not use this space.

14393

1. PLACE OF DEATH

96 County St. Louis
Township Meramec
City Stanton (No.)

Registration District No. 785
Primary Registration District No. 6032

File No.
Registered No. 97
St. Ward)

2. FULL NAME

James P. Slewin
(a) Residence. No. Stanton, Mo. St. 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 Lillian E. Slewin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
52 6 7

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

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

10. NAME OF FATHER William Slewin

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

12. MAIDEN NAME OF MOTHER Bridget McMoran

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

14. INFORMANT Lillian E. Slewin
(Address) Stanton Mo

15. 4/18/33 FILED Stanton Mo

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1933

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... and that I last saw him alive on 19....., and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Best medical findings: Extreme atherosclerosis - occlusion of left descending coronary artery. Complete coronary artery atherosclerosis, myocarditis, Extreme cardiac hypertrophy.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93/10 (duration) yrs. mos. ds.

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

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

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Dubois M. D.

4/17, 1933 (Address) 3718 Jennings Rd

*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 St. Louis DATE OF BURIAL April 20 1933

20. UNDERTAKER John Koch ADDRESS Fulton Mo
St. Louis Mo 4/17/33

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.

MAY 24 1933

