

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

Do not use this space.

14754

**1. PLACE OF DEATH**

County..... Registration District No. **701**  
 Township..... Primary Registration District No. **1007**  
 City **St. Louis.** (No. **Home for the Aged.**) St. .... Ward) **16**

File No. ....  
 Registered No. **3263**

**2. FULL NAME**

**John M. Slee**

(a) Residence, No. **3400 So. Grand Blvd.** St. **16** Ward.

(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) Widowed.  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Eliza J. Slee.  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** June 2, 1836.  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 96 10 4  
**8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.** Will-owner.  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** Retired 25 yrs.  
**10. Date deceased last worked at this occupation (month and year)** ..... **11. Total time (years) spent in this occupation** .....

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Stuebenville, Ohio.

**13. NAME** Hugh Slee.

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Dont Know.

**15. MAIDEN NAME** Dont Know.

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Dont Know.

**17. INFORMANT (ADDRESS)** Lillie Morgan 2807 Salena St.

**18. BURIAL, CREMATION, OR REMOVAL PLACE** St. Mathew Cem. DATE Apr. 8 1933

**19. UNDERTAKER (ADDRESS)** J. N. Gebbers & Co. 2842 E. Gameco St.

**20. FILED** APR - 8 1933 Max C. Starck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** April 6, 1933

**22. I HEREBY CERTIFY** That I attended deceased from March 1, 1933 to April 6, 1933

I last saw h. in alive on April 1, 1933. Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

*Intestinal typhoid  
Chronic  
12 1/2  
13 1/2  
Acute myocardial*

Date of onset 5/1/33

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

**24. Was disease or injury in any way related to occupation of deceased?** .....  
 If so, specify *None*  
 (Signed) *W. L. ...* M. D.  
 (Address) *316 So Grand*

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.

U. S. NO. 2

MAKING RESERVED FOR BINDING

