DEC 23 1935

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

Do not use this space.

41554

File No.

Registered No. 10798

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

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

2. FULL NAME Ida M Sleme

(a) Residence, No. 5434 Dresden St., 2 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	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 John Sleme

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
40	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Dec 4 1935

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

FATHER

13. NAME Jacob Roeder

14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Louise Bauer

16. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo.

17. INFORMANT John Sleme (ADDRESS) 5434 Dresden

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Marcus DATE 12/23/35 19

19. UNDERTAKER Oscar J Hoffmeister (ADDRESS) 4019 Chippewa St

20. FILED DEC 21 1935 19 G T Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1935, to Dec. 19, 1935

I last saw h. alive on Dec. 19, 1935. Death is said to have occurred on the date stated above, at 9.30 p.m.

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

	Date of onset
Cerebral Emboli	
acute pancreatitis cause unknown	12-15-35

Other contributory causes of importance:

Bilateral chronic pyosalpinx, non-puerperal, of ovary and oviduct cause unknown

Name of operation Pan-Hysterectomy Date of 12-14-35

What test confirmed diagnosis? — Was there an autopsy? no

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? no

If so, specify

(Signed) Charles Montani, M. D.

(Address) 1926A Cooper St

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33