MAY 7 1936

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

Do not use this space.

16876

File No. 791

Registered No. 3619

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 1417 Marcus Ave St. Ward)

2. FULL NAME Samuel B. Sloss

(a) Residence, No. 1417 Marcus St., 6 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Ida Sloss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 20, 1857

7. AGE: Years 78 Months 9 Days 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Alton Ill.

FATHER

13. NAME: Samuel Sloss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Mary Perry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Rob. B. Sloss 1417 Marcus

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lone Jay Cem Alton Ill DATE Apr 4 1936

19. UNDERTAKER (ADDRESS): Drehmann Haral 1905 Union

20. FILED APR 3 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8th 1936, to Apr 2nd 1936

I last saw him alive on Apr 2nd 1936. Death is said to have occurred on the date stated above, at 10:40 p.m.

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

	Date of onset
Arteriosclerosis	1933

Other contributory causes of importance:

Senility

Name of operation — Date of —

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?

If so, specify

(Signed) S. A. Benson, M. D.

(Address) # 1441 Marcus ave.

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