JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jefferson
Township Meramec
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 4415
Primary Registration District No. 5580

File No. 11 20418
Registered No. 33

2. FULL NAME Frank Sluss
(a) Residence, No. St. Joseph's Hill Infirmary - Eureka, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 7 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 Do not know.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/29/1863

7. AGE YEARS 73 MONTHS 6 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Varied occupation
10. Date deceased last worked at this occupation (month and year) 2 years
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westernport, Maryland

FATHER
13. NAME David Sluss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER
15. MAIDEN NAME Elizabeth Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) St. Joseph's Hill Infirmary Eureka, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Joseph's Hill - Eureka, Mo. DATE 14 May 37

19. UNDERTAKER (ADDRESS) B Schuie Catawissa, Mo

20. FILED 5/13 37 James A Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1937, to May 7, 1937
I last saw him alive on May 7, 1937. Death is said to have occurred on the date stated above, at 11:55 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Bladder	

Other contributory causes of importance:

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 .....
(Signed) Jesse S. Sargent, M. D.
(Address) Eureka, Mo.

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.