

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.

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32448

Do not use this space.

1. PLACE OF DEATH

Homer G Phillips Hospital

791

1003

- (a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 2601 N Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 61 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 8502

2. PRINT FULL NAME

Martin Sleets

- (a) Residence, No. 321 South Garrison St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 2 16

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

12. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

13. NAME George Sleets
14. BIRTHPLACE (CITY OR TOWN) Canada
(STATE OR COUNTRY)

15. MAIDEN NAME Polly Jackson
16. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL Greenwood
PLACE Greenwood DATE Sept. 10, 1937

19. FUNERAL DIRECTOR A. Russell Und. Co.
(ADDRESS) 2738 Pine Street

20. FILE SEP 10 1937
J. Bredecke Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1937 to Sept. 6, 1937.
I last saw him alive on Sept. 6, 1937. Death is said to have occurred on the date stated above, at 6:55 m. a.m.
The principal cause of death and related causes of importance were as follows:

Luetic Heart Disease

Date of onset
8/21/37

- Other contributory causes of importance: 34
Name of operation Date of
What test confirmed diagnosis? clinical 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) L. Lewis, M. D.
(Address) 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No.

2115

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)