

Rev. 5-17-39

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37965**
Registrar's No. **9804**

Registration District No. **721**

Primary Registration District No. _____

1. PLACE OF DEATH: **1008**

(a) County _____ **2**

(b) City or town **St. Louis**

(c) Name of hospital or institution: **3319 Vista**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **1**

(c) City or town **St. Louis** **18**
(If outside city or town limits, write "RURAL")

(d) Street No. **3319 Vista**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Lenore V Slone 450**

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **17th**
year **1939** hour **7:50** minute **a** M.

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Robert Slone**

6. (c) Age of husband or wife if alive _____ years
6th 1864

7. Birth date of deceased **October 6th 1864**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11-7-39** to **11-17-39**

that I last saw him alive on **11-16-39**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
75	1	11	hr. _____ min. _____

Immediate cause of death **Cardiac Thrombosis** **1 day**

Due to _____

Due to _____

9. Birthplace **Carrollton Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

Other conditions **Chronic Myocarditis chronic**
(Include pregnancy within 3 months of death)
Arteriosclerosis fibillata

11. Industry or business _____

MOTHER FATHER

12. Name **Andrew Lovell** **1**

13. Birthplace **Jenn** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Angelina Ferguson**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature **Sela Weathersby**

(b) Address **3319 Vista**

17. (a) **removal** (b) Date thereof **11-18-1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carrollton, Illinois**

18. (a) Signature of funeral director **Mehl & Son**

(b) Address **Carrollton, Illinois**

19. (a) **NOV 17 1939**
(Date received local registrar)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature **Gustaf Dahms** (M. D. or other) _____
Address **1452 So. Grand Ave.** Date signed **11-17-39**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Harold P. Jewell*
Licensed Embalmer No. 3114
P. O. Address St. Louis, Mo.

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.)

If this body is not embalmed, above space should be left blank.