

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

43147
Do not use this space.

1. PLACE OF DEATH
 (a) County Cole Registration District No. 213
 (b) Township Jefferson City, Mo. Primary Registration District No. 3014 Registered No. 307
 or Jefferson City, Mo. (d) Street No. St. Mary's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (c) City Jefferson City, Mo. (d) Street No. St. Mary's Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Katherine Slicker
 (a) Residence, No. 315 W. Mc Carty Street St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 August Slicker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	80	4	9	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Columbus, Ohio (STATE OR COUNTRY)

FATHER
 13. NAME Andrew Swillium
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Edward Slicker (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL - PLACE St. Peters DATE 12/30/39 19

19. FUNERAL DIRECTOR (NAME) John F. Heinrichs (ADDRESS) Jefferson City, Mo.

20. FILED 12/29/1939 R. B. Slicker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28/39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-10-1899, to 12-28-1939, 1899
 I last saw her alive on 12-29-1939. Death is said to have occurred on the date stated above, at 5:45 P. M. h.
 The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis 1938
Chronic Coronary Arteriosclerosis 1938
Hypertension 1938
Obstructive Pulmonary Disease 12-26-39
 Date of onset

Other contributory causes of importance: 12/21

Name of operation ✓ Date of 12/28/39
 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 12/28/39, 1939
 Where did injury occur? St. Mary's Hospital (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 no
 (Signed) R. B. Slicker M. D.
 (Address) Jefferson City, 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.

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

John F. Hennrich
.....
Licensed Embalmer No. 3655
P. O. Address Jefferson City, 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.