. No. 2
-11-10-39
5-17-39
P I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 294

Registration District No. 791 1663 FEB 17 1940 2

Primary Registration District No.

Registrar's No. 294

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1717 Papin (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 1 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town St 22 (If outside city or town limits, write "RURAL")

(d) Street No. 1717 Papin (If rural, give location)

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

3. (a) PRINT FULL NAME CONNIE SLOAN

3. (b) If veteran, name war

3. (c) Social Security No. Married

4. Sex Female

5. Color or race Cal

6. (a) Single, widowed, married, divorced Lewis

6. (b) Name of husband or wife Lewis

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept (Month) 21 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
58	3	10	hr. min.

9. Birthplace Commerce (City, town, or county) Mo (State or foreign country)

10. Usual occupation House Wife 0

11. Industry or business 0

MOTHER FATHER

12. Name William Sewell 0

13. Birthplace Sirota (City, town, or county) Mo (State or foreign country) 1

14. Maiden name Lizzie Curry

15. Birthplace Water Proof (City, town, or county) Ga (State or foreign country)

16. (a) Informant Lewis Sloane

(b) Address 1717 Papin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 7. 40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Richardson

(b) Address 7 2 5 Clay

19. (a) JAN 11 1940 (Date received local registrar) (b) J. F. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31 year 1939 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Brain — Duration

Pages Meningitis 5

Chronic Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Shaw (M. D. or other)

Address Maryville Tenn Date signed 1-11-40

(Licensed Embalmer's Statement on Reverse Side)

294

294

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 A D Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.