FEB 28 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8144

FILED MAR 7

Registration District No. 704 Primary Registration District No. 210 Registrar's No. 414

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Normandy Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Immaculate Heart Convent (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Normandy Mo. (If outside city or town limits, write "RURAL")

(d) Street No.: 7626 Natural Bridge Rd. (If rural, give location)

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

3. (a) PRINT FULL NAME: Jenne Slevin 415

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Eugene Slevin

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

7. Birth date of deceased: Oct. 5 1856 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	4	22	hr. min.

9. Birthplace: Ireland (City, town, or county) 5 (State or foreign country)

10. Usual occupation: Retired 5

11. Industry or business 5

FATHER

12. Name: Don't Know

13. Birthplace: Ireland (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Don't Know

15. Birthplace: Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mr. Martin Lammert

(b) Address: 7626 Natural Bridge Road.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Feb. 29/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cem.

18. (a) Signature of funeral director: Jos. W. Clark.

(b) Address: 1125 Hodiamont Ave.

19. (a) FEB 28 1940 (Date received local registrar) (b) K. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1940 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from 5-10, 1926 to 2-27, 1940; that I last saw her alive on 2-27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastric Hemorrhage	10 min
Due to Cirrhosis of Liver	3 yrs
Due to Chr. Hepatitis	10 yrs
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings: Of operations: none / 24 hr

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: [illegible] (M. D. or other) MD

Address: 340 Bismarck Date signed 2-28-40

(Licensed Embalmer's Statement on Reverse Side)

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.

PRINTING BLACK INK—MAKE A PERMANENT RECORD

Dr. Geo. Klinkerfuss
Normandy, Mo.

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.....

Licensed Embalmer No. 3225.

P. O. Address. II25 Hodiamont Ave.

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.