

STANDARD CERTIFICATE OF DEATH

13210

State File No.

3640

Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 (Specify whether
Unknown
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3942a St. Louis Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
 year 1941 hour 3:30 PM minute _____ M.
 21. I hereby certify that I attended the deceased from April 20
1941 to April 25 1941;
 that I last saw her alive on April 25 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Congestive Heart failure Duration 1 day
 Due to Coronary artery disease 4 days
 Due to Myocardial Acute 5 days

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: gata gata
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ada A Slavens
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Earl Slavens
 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased February 19 1882
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 6 hr. _____ min.

9. Birthplace Patterson Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name John Wagner

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

14. Maiden name Frances Allen

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

16. (a) Informant Earl Slavens

(b) Address 3942a St. Louis Ave

17. (a) Burial (b) Date thereof 4/29/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Burial Park

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) APR 29 1941 (b) J. H. Bredebeck
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
 23. Signature Floyd Stewart (M. D. or other) _____
 Address Cherokee, Ark. Date signed 4/29/41

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

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 *William G. Buchler*

Licensed Embalmer No. *2110*

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, fact should be so stated above.