

FILED MAR 17 1942

791

Primary Registration District No.

100's

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **26000**
(c) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **2123 N 14th St**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Rose Slinkard

3. (b) If veteran,

name war. No.

3. (c) Social Security

No. **494-01-3874**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife.....

Gid Slikard

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

Unknown

7. Birth date of deceased.....

September 21 1888

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

53

5

0

hr. min.

9. Birthplace

Missouri.

(City, town, or county)

(State or foreign country)

MOTHER FATHER

12. Name **Unknown.**

13. Birthplace

Unknown.

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown.

15. Birthplace

Unknown.

(City, town, or county)

(State or foreign country)

16. (a) Informant

James Slinkard.

(b) Address

2123 N. 14th. St.

17. (a) **Burial**

(Burial, cremation, or removal)

(b) Date thereof **2-25-42**

(Month) (Day) (Year)

(c) Place: burial or cremation

Friedens Cem.

18. (a) Signature of funeral director

Hy. Leidner Und.Co.

(b) Address

2223 St. Louis Ave.

19. (a) **FEB 23 1942**

(Date received local registrar)

(b) **J. T. Bredeck.**

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **21st**
year **1942** hour **7** minute **-** M

21. I hereby certify that I attended the deceased from **Feb 14 1942**
Feb 21 1942
that I last saw h. ex. alive on **Feb 21 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
CORONARY Occlusion 1 da.
Heart attacks.
Due to **Chronic (Angina) 2 yr.**
+ Arterial Hypertension?
Other conditions.....
(Include pregnancy within 3 months of death)
195/120

Duration

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?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **J. T. Bredeck** (M. D. or other)
Address **2223 N. 14th St. St. Louis, Mo.** Date signed **2/22/42**

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: Homer L. Ponder

Licensed Embalmer No. 3267

P. O. Address. 2223 St. Louis 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, fact should be so stated above.