

FILED JUL 28 1942 791

Primary Registration District No. 1003

Registrar's No. 6059

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

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: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Christian  
(c) City or town Assumption  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country L

3. (a) PRINT FULL NAME

John Andrew Slifer

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alice Slifer 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased July 30 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 17 If less than one day  
hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Wilma Slifer  
13. Birthplace Greenfield, Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Amanda Gephart  
15. Birthplace Unk. Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Slifer

(b) Address Assumption, Illinois

17. (a) Removal (b) Date thereof 7/19/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Assumption, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Ave

19. (a) JUL 17 1942 (b) Registrar's signature J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1942 hour 10 minute 35 a.m.

21. I hereby certify that I attended the deceased from July 8, 1942 to July 17, 1942  
that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Carcinoma of stomach

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 \_\_\_\_\_

23. Signature R Bradley (M. D. or D.O.)

Address BARNES HOSPITAL Date signed 7/17/42

3000

---

---

**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 *J. J. Sullivan*  
Licensed Embalmer No. *1122*

P. O. Address.....

**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.**