

FILED FEB 10 1943

Registration District No. 774

Primary Registration District No. 111

Registrar's No. 59

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mosier Convalescing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7307 Hoover Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8  
year 1943 hour 7 minute 30 a.m.  
21. I hereby certify that I attended the deceased from  
12-1- 1940 to 1-8- 1943  
that I last saw him alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Due to Pulmonary edema 1 1/2 hrs.  
Due to Myocarditis, Chr. ?  
Other conditions Arteriosclerosis, Gen. 7  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none  
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.....

3. (a) PRINT FULL NAME Robert Sloan  
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. Single

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

7. Birth date of deceased October 4 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 4 4 hr. min.

9. Birthplace Unknown Ireland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Police Sergeant

11. Industry or business Retired

12. Name Robert Sloan

13. Birthplace Unknown Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jordan

15. Birthplace Unknown Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert P. Carroll  
(b) Address 4044 Cleveland Ave.

17. (a) Burial (b) Date thereof 1-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.  
(b) Address 1710 N. Grand Blvd.

19. (a) JAN 11 1943 (b) E. J. McHaven  
(Date of death) (Registrar's signature)

23. Signature Nicholas J. Vitale (M. D. or other) M. J.  
Address 3861 St. Louis Ave Date signed 1/10/43

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

MOTHER FATHER

96  
8  
3

NOV 24 1943

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**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.....

*Fred Frick*

Licensed Embalmer No..... 3186

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.**