

FILED FEB 23 1943 8

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1352

1. PLACE OF DEATH:

(a) County
(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1923 Wyoming Street.
(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)

3. (a) PRINT FULL NAME Martha Jane Slavens

3. (b) If veteran, name war.....
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 John Slavens
6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased January 15, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name John Simpson

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

14. Maiden name Jane Roark

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

16. (a) Informant Mrs. James Williams

(b) Address 1923 Wyoming Street.

17. (a) Burial (b) Date thereof 2/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon, Missouri

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

(b) Address 4700 Washington Blvd.,

19. (a) FEB 23 1943 J. F. Brebeck
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1923 Wyoming Street.,
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1943 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from
January 17, 1943 to February 10, 1943
that I last saw her alive on February 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic myocarditis ?

Due to.....
Due to.....

Other conditions..... Cholecystitis-calculous
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
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?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature Otto Vierling (M. D.)
Address 2221 Cherokee st. Date signed 2/10/43

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

MAR 17 1943

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.....

Walter G. Bursley

Licensed Embalmer No. 4202

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.