

FILED MAR 30 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2634

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:
4340 Humphrey St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 79 yrs.
years, months or days)

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. 4340 Humphrey St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Robert Slinger

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Slinger 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased March 24, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>11</u>	<u>23</u> hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Teamster

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. H. Slinger
(b) Address 4340 Humphrey St.

17. (a) Burial (b) Date thereof Mar. 20, '43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Kriegshauser Mort.
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 19 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1943 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from September tenth to March 17, 1943
that I last saw him alive on March 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 5 yrs
Due to Arterio Sclerosis 10 yrs

Due to.....
Other conditions (Include pregnancy within 3 months of death) 93rd

PHYSICIAN
Major findings: Of operations.....
Of autopsy.....
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 Boerlchete (M. D. or other)
Address 4160 Humphrey St. Date signed 3/18/43

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

Dr. Wilhite
3102 So Broad

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 *Reinhold K. Lohman*
.....
Licensed Embalmer No. *3395*
.....
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.