

23503

S. No. 2
4-1-441
7-5-173
1-1-2359

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 8 1943
318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 6746

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:
4434 A Minnesota Avenue /
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4434 A Minnesota
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Slomer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 25
year 1943 hour 7:50 P.M. minute _____ M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Rudolph A. Slomer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 12 3 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 4 1943, to July 25 1943
that I last saw him alive on July 23 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 7 22 _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage
Due to Arterio-sclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper

MOTHER FATHER
12. Name Fred Kettler
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Tesson
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Wilorence Huberg
(b) Address 4434 Minnesota
17. (a) Burial (b) Date thereof 7-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery
18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Wendell Boulevard
19. (a) JUL 27 1943 (b) J. J. Proctor
(Date received local registrar) (Registrar's signature)

23. Signature J. J. Proctor M.D. M.D. _____
Address 3554 VICTOR ST Date signed 7/26/43

JUL 27 1943 944 (Licensed Embalmer's Statement on Reverse Side) ST. LOUIS.

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

3-5-57H
D. Watson

4-10-1957

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 William J. Lyons
Licensed Embalmer No. 4319
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.