

U.S. 2
FORM-5-43
REV. 5-17-39
I X36871

5756

State File No.

FILED FEB 18 1944
318

1003

Registrar's No. 1221

Registration District No. Primary Registration District No.

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: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
17

(c) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL")
715

(d) Street No. 4101 California Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME JOHN SLANKER

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Kate 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased April 18, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>9</u>	<u>18</u>	hr. min.

9. Birthplace New York N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Confectioner

11. Industry or business.....

12. Name Christ Slanker

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

14. Maiden name Don't Know

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Kate Slanker

(b) Address 4101 California Ave.

17. (a) Burial (b) Date thereof 2/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Arthur - Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) FEB 7 1944 (Date received local registrar)

J. F. Bredsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1944 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from January 29, 1944 to February 6, 1944; that I last saw him alive on February 6, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death.....
Volvulus of Colon
Congenital megacolon

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 122

PHYSICIAN

Major findings:
Of operations.....
Of autopsy Megacolon & Volvulus of same

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) (c) Means of injury.....

23. Signature W. D. Wade (M.D. or other) 2-7-44

Address 1515 Lafayette Avenue Date signed.....

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Joe S. Benz

Licensed Embalmer No. 4249

2842 Meramec St.

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.