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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 13356

Primary Registration District No. 1003

Registrar's No. 4271

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

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**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:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 26 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 0 00

(c) City or town St. Louis, 1 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1827 N. Taylor
(If rural, give location)

(e) Citizen of foreign country? No 9 (Yes or No)

If yes, name country --- 0

3. (a) PRINT FULL NAME Lula Sloan

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert Sloan

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

7. Birth date of deceased December 25, 1873
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 70 | 4 | 10 | -- hr. -- min. |

9. Birthplace Pulaski (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

FATHER
12. Name Horace Bramlett
13. Birthplace Unavailable (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Louisa Taylor
15. Birthplace Pulaski (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Luetha C. Brown
(b) Address 4530 Garfield Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) MAY 9 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 5, year 1944 hour 6 minute 05 P. M.

21. I hereby certify that I attended the deceased from May 2, 1944, to May 5, 1944 that I last saw her alive on May 5, 1944 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Left Lobar Pneumonia | 1 week |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Alva Moore (M. D. or other)
Address 2601 Whittier Date signed 5/8/44

(Licensed Embalmer's Statement on Reverse Side)

## 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 Thomas J. Gates, Registered Apprentice No. ....., working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

**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.**