

S. No. 2
OM-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3779**

Registration District No. **318** Primary Registration District No. **1003**

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:
3506 S. Broadway
(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 **000**

(c) City or town **St. Louis** **17 19**
(If outside city or town limits, write "RURAL")

(d) Street No. **4616 Lindell Blvd.**
(If rural, give location) **9**

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

If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Ann Slosberg**

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

4. Sex **Female** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Max Slosberg** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 41 -- -- hr. min.

9. Birthplace **Vermont**
(City, town, or county) (State or foreign country)

10. Usual occupation **Secretary**

11. Industry or business **Missouri Wood Heel Co.**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Ben L. Slosberg**

(b) Address **4616 Lindell Blvd.**

17. (a) **Burial** (b) Date thereof **4-24-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai Cemetery.**

18. (a) Signature of funeral director **Herman R. Rudstam**

(b) Address **5216 Delmar Blvd.**

19. (a) **APR 24 1944** (b) **J. F. Brodeur**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**
year **1944** hour **8** minute **40 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Carbon monoxide poisoning from fire in smoothen wood heel co. 3506 S. Broadway above 8:26 AM April 20 1944, while a husband sat full of swamp celluloid wood dried due to across a concrete floor and igniters**

Duration _____

Other conditions (Include pregnancy within 3 months of death)

Damage to Bldg \$2000.00

Major findings Of operations **100**

Of autopsy **100**

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) **Accident**

(b) Date of occurrence **April 20 1944**

(c) Where did injury occur? **St. Louis**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Industry**

While at work? **Yes** (Specify type of place) **fire.**

(a) Means of injury _____

23. Signature **Walter Perry** (M. D. or other) _____

Address **St. Louis** Date signed **4/24/44**

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

00
17
9

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

John Ketter

Licensed Embalmer No.

3830

P. O. Address

5216 Delmar

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.