

FILED FEB 11 1946

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Berkeley City.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Airport & Jefferson
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/6

(c) City or town Berkeley
(If outside city or town limits, write "RURAL")

(d) Street No. Airport & Jefferson
(If rural, give location)

(e) Citizen of foreign country? No 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Annie Sloan.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased. January 4, 1884.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	0	28	hr. min.

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

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER {

12. Name Henry Hagemeyer.

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

14. Maiden name Minnie Hensen.

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

16. (a) Informant Mr. Walter Sloan.

(b) Address Airport & Jefferson

17. (a) Burial (b) Date thereof. 2-5-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Peters Cemetery.

18. (a) Signature of funeral director. Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) 2-6-46 (b) E. B. McShan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd.
year 1946 hour 11 minute A.M. M.

21. I hereby certify that I attended the deceased from 1-5-46 to 2-2-46 1946
that I last saw him alive on 2-1-46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chorea myopericardialis
Due to Chorea myopericardialis 1938

Due to Chorea myopericardialis 1930

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury 0

23. Signature Ray Johnson (M. D. or other)

Address Highway 200 Date signed 2/4/46

Dr. Roy Johnson.
40 N Clay Avenue.
Telephone Atwater 430

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.....

Licensed Embalmer No.....

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.