

FILED DEC 20 1946

Registration District No. _____

Primary Registration District No. **3016**

Registrar's No. **281**

1. PLACE OF DEATH:

(a) County **COLE**

(b) City or town **JEFFERSON CITY, MO**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 HOUR**
(Specify whether years, months or days)

In this community **LIFE**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COLE**

(c) City or town **JEFFERSON CITY**
(If outside city or town limits, write "RURAL")

(d) Street No. **1016 JEFFERSON STREET**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **LOUIS ANDREW SLICKER**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **490-09-517X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **10** * * * **11**
year **1946** hour **12 NOON** minute _____ M.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ELSIE HAGEMeyer, SLICKER** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **DECEMBER 6, 1887**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **December 11, 1946** to **Dec. 11, 1946**
that I last saw him alive on **December 11, 1946**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	59	0	4	0 hr. _____ min.

Immediate cause of death **Coronary thrombosis** **2 hr.**

Due to **Chronic myocarditis** **2 yr.**

Due to _____

9. Birthplace **OSAGE COUNTY, MO.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **ASD**

Of autopsy _____

10. Usual occupation **SHOE WORKER**

11. Industry or business **TWEEDIE FOOTWARK CO.**

12. Name **AUGUST SLICKER**

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

14. Maiden name **KATHERINE SWILLUM**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **MRS. LOUIS SLICKER**

(b) Address **JEFFERSON CITY, MO.**

17. (a) **BURIAL** (b) Date thereof **11/14/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **RESURRECTION CEMETERY**

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? _____

18. (c) Signature of funeral director **Sybilista Dulle**

(b) Address **JEFFERSON CITY, MO.**

19. (a) **12-13-46** (b) **R.P. Barria MD**
(Data received local registrar) (Registrar's signature)

23. Signature **R.P. Barria MD** (M. D. or other) **M.D.**

Address **Jefferson City, Mo.** Date signed **12/12/46**

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

13
5
4

202

NOV 17 1947

Date Filed 12-19-46

District File Number

District Health Officer No. 9,

OCT 8 1946

FEB 11 1967

DEC 30 1946

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 Sylvester Shultz

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.