

No. 2
12-45
17-39
X47070

FILED APR 23 1947
1947

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town
(c) Name of hospital or institution:
1442a Madison Str.
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St Louis
(d) Street No. 1442a Madison Str.
(e) Citizen of foreign country?

3. (a) PRINT FULL NAME Anthony Slom
3. (b) If veteran, name war
3. (c) Social Security No. 494607-6740

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella Slom
6. (c) Age of husband or wife if alive years
7. Birth date of deceased abt 1892

8. AGE: Years Months Days If less than one day
abt. 54

9. Birthplace: Poland (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Charter Oak 7734 Hall St

12. Name Charles Slom Poland
13. Birthplace
14. Maiden name Helen Puntus
15. Birthplace Poland

16. (a) Informant Mrs Stella Slom
(b) Address 1442a Madison St

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 4/5/47
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und. Co
(b) Address 1841 Cass ave

19. (a) APR 3 1947 (Date received local registrar)
(b) J. F. Bredebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1947 hour 7 minute 13 A. M.

21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

Immediate cause of death: Gunshot wound of the head
Due to: Madrason
Due to: Gunshot wound of the head
Other conditions: Gunshot wound of the head

PHYSICIAN
Major findings: Of operation
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence April 1, 1947
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: J. F. Bredebeck (M. D. or other)
Date signed 4/2/47

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

Signed..... *Elmo R. Cadwell*.....

Licensed Embalmer No..... *4077*.....

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.