No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40194

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10756

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

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: 2816a. Howard St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 2816a. Howard St. 9
(If rural, give location)

(e) Citizen of foreign country? 20 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Florence Sleets

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col.

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

6. (b) Name of husband or wife Colonel Sleets

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 3 (Month) 1 (Day) 1882 (Year)

8. AGE: Years 65 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Gray Summit (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Charles Leewright
13. Birthplace unknown (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Polly Yancy
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Colonal Sleets
(b) Address 2816a. Howard St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) NOV 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1947 hour 7:10 minute A.M.

21. I hereby certify that I attended the deceased from 11/8/47, 19, to 11/20/47, 19; that I last saw er alive on 11/20/47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio vascular hypertensive heart disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy clinical

Duration

PHYSICIAN

Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Erskine D. Johnson (M. D. or other) MD
Address 3100a Lucas Ave. Date signed 11/21/47

Jefferson City Printing Co.

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

Signed Fulton E Culkin

Licensed Embalmer No. 498.

P. O. Address St Louis 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.