S. No. 300
v. 10.48

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39304

State File No. 10421

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: DL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS U
c. LENGTH OF STAY (in this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DEACONESS HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
d. STREET ADDRESS (If rural, give location): 45 S. ROCKHILL RD.

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): LONG
c. (Last): SLOSS

4. DATE OF DEATH (Month) (Day) (Year): 12- 3-1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARR
8. DATE OF BIRTH: OCT-30-1868
9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INVESTMENT
10b. KIND OF BUSINESS OR INDUSTRY: BANKING
11. BIRTHPLACE (State or foreign country): ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: JAMES LONG SLOSS
13b. MOTHER'S MAIDEN NAME: BELLE BLOOD
14. NAME OF HUSBAND OR WIFE: VIRGINIA B SLOSS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: James L. Sloss Jr.
ADDRESS: Webster Groves Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Encephalopathy — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive disease — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 102
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: HHX

22. I hereby certify that I attended the deceased from June, 1949, to Dec 2, 1949, that I last saw the deceased alive on Dec 2, 1949 and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): H. B. Goodwin M.D.
23b. ADDRESS: 198 Lockwood
23c. DATE SIGNED: 12/3/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC-5-1949
24c. NAME OF CEMETERY OR CREMATORY: BELLEFONTAINE
24d. LOCATION (City, town, or county) (State): ST LOUIS - MO

DATE REC'D BY LOCAL REGISTRAR: DEC 4 1949
REGISTRAR'S SIGNATURE: J. B. Lusater
25. FUNERAL DIRECTOR'S SIGNATURE: Parker-Land Co
ADDRESS: Webster Groves
(Licensed Embalmer's Statement on Reverse Side) C.A. Aldrich Mo

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

NOV 3 1950

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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed. Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.