

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 639

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4151 Registrar's No. 6

0280

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

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Lewis</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Steelville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Steelville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>Emil</u> a. (First)	<u>Gerhard</u> b. (Middle)	<u>Slowensky</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-1950</u>
5. SEX <u>MC</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10-8-1895</u>
9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Steelville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>

13a. FATHER'S NAME <u>John Slowensky</u>	13b. MOTHER'S MAIDEN NAME <u>Hermine Stark</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>3100</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. G. Slowensky</u>	ADDRESS <u>Steelville, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from January, 1948, to Feb 6, 1950, that I last saw the deceased alive on Feb 3, 1950, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Robery D.O.</u>	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL-CREMATATION REMOVAL (Specify)	24b. DATE <u>2-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steelville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Steelville Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-8-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Steelville</u>
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RECEIVED 2/9/50
District Health Officer No. 5,
District File Number 25092
Date Filed 2/9/50

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 L. J. Jones

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

L. J. Jones

Licensed Embalmer No. 2379

P. O. Address Shelville Md

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.