

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11157

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 607

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Normandy</u>		c. CITY OR TOWN <u>Ladue</u> # <u>4421</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3715 St. Ann Lane</u>		d. STREET ADDRESS (If rural, give location) <u># 60 Ladue Terrace.</u>	
3. NAME OF DECEASED a. (First) <u>ISAAC</u> (Type or Print)		b. (Middle) _____ c. (Last) <u>SLEATH.</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed:</u>		8. DATE OF BIRTH <u>Aug. 30 1864</u>	
9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired; Christian Science Practitioner., Leicester, England</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Sleath.</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Cooper</u>	
14. NAME OF HUSBAND OR WIFE <u>Marie Sleath</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sinclair Lieber, Ladue, Mo.</u> ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES DUE TO (b) <u>Auricular fibrillation</u> <u>Arteriosclerotic Cardiovascular disease</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Dec 8, 1950</u> , to <u>March 6, 1951</u> , that I last saw the deceased alive on <u>March 5, 1951</u> , and that death occurred at <u>5:45P m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Lewis Littmann MD</u> (Degree or title)		23b. ADDRESS <u>8231 Clayton Rd (17)</u>	
23c. DATE SIGNED <u>3/7/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	
24b. DATE <u>3-8-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co; Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton &amp; Sons</u> ADDRESS <u>7233 Delmar Blvd;</u>	
DATE REC'D BY LOCAL REG. <u>3/8/51</u>		REGISTRAR'S SIGNATURE <u>Robert R. Lupton MD</u>	

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

1967 6 N DAY

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Arnold W. Schoene*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3864*

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.