

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **31859**

**FILED** OCT 10 1951

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>8558</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>214?</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5459 Nottingham Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>OLE</b> b. (Middle) <b>A.</b> c. (Last) <b>SLAVENS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sep't. 26 1951</b>		
5. SEX <b>Male</b> <input type="radio"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married /</b>	8. DATE OF BIRTH <b>Apr. 9, 1875</b>	9. AGE (In years last birthday) <b>76</b> 10. UNDER 1 YEAR Months 11. UNDER 1 YEAR Days 12. UNDER 1 YEAR Hours 13. UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman-Bruckner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Lincoln Co. Mo.</b> <b>D</b>
13a. FATHER'S NAME <b>Thomas Slavens</b>		13b. MOTHER'S MAIDEN NAME <b>Drucilla Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Lola I. Slavens</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Lola I. Slavens</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage from Duodenal Ulcer</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Perforated Duodenal Ulcer &amp; PERITONITIS</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"/>
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 <b>5401</b>
22. I hereby certify that I attended the deceased from <b>7 Sept, 1951</b> , to <b>26 Sept, 1951</b> , that I last saw the deceased alive on <b>25 Sept, 1951</b> , and that death occurred at <b>6:25 A. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>George A. Youngman</b>		23b. ADDRESS <b>5437 GRANDIS</b>		23c. DATE SIGNED <b>27 Sept 51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Sep. 28, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Methodist Church Fairmount Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>Middletown, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>		
DATE REC'D BY LOCAL REG. <b>SEP 27 1951</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		ADDRESS <b>4228 S. Kingshighway Bl.</b>

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Richard W. Stovesand

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

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.