

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **12332**
Registrar's No. **2469**

FILED MAR 24 1953

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION 920a LaSalle		d. STREET ADDRESS (If rural, give location) 22 930a La Salle Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Hilda		b. (Middle) E.	
c. (Last) Slinkard		4. DATE OF DEATH (Month) (Day) (Year) March 4 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 7 1915
9. AGE (In years less birthday) 37		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Herbert Levy		13b. MOTHER'S MAIDEN NAME Saddie Pickering	
13c. NAME OF HUSBAND OR WIFE Rayford Slinkard		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 48-16-162	
17. INFORMANT'S SIGNATURE OR NAME Rayford Slinkard		17. ADDRESS 930a La Salle	
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) Squamous Carcinoma of the Cervix ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) The Cervix DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
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)		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>March 27</u>, 19<u>53</u> to <u>March 4</u>, 19<u>53</u> that I last saw the deceased alive on <u>March 4</u>, 19<u>53</u> and that death occurred at <u>12:30 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS 1127 Pine St	
23c. DATE SIGNED 3/5/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/5/53	
24c. NAME OF CEMETERY OR CREMATORY Maplesville		24d. LOCATION (City, town, or county) (State) Maplesville Ala.	
DATE REC'D BY LOCAL REG. MAR 5 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's		ADDRESS 2849 N. Euclid Ave.	

30 (Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Robert L. Drinkman

Licensed Embalmer No. 325-3

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.