

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12333

State File No.

FILED APR 4 1953

BIRTH NO. 18264 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3218

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jeff.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City 0501</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>106 Walnut /</u>	
3. NAME OF DECEASED a. (First) <u>Terry</u> (Type or Print)		b. (Middle) <u>Roxanne</u> c. (Last) <u>Sloan</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 20, 1953</u>			
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>March 5, 1953</u>
9. AGE (In years last birthday) <u>15</u>		10. UNDER 1 YEAR <u>15</u> HOURS <u>15</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Howard Sloan</u>		13b. MOTHER'S MAIDEN NAME <u>Lucille Hinton</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Howard Sloan</u>		ADDRESS <u>Crystal City, Mo.</u>	
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) <u>Lobar pneumonia</u> ANTECEDENT CAUSES Morbid 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 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>7630</u>			
22. I hereby certify that I attended the deceased from <u>3/5</u> , 19 <u>53</u> , to <u>3/20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/20</u> , 19 <u>53</u> , and that death occurred at <u>4:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dobala Bolyn</u> (Degree or title)		23b. ADDRESS <u>Jeffco, Mo.</u>	
23c. DATE SIGNED <u>3/25/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 26 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rose lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 26 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>W. Gentry</u>		ADDRESS <u>K. Talbotte Crystal City, Mo.</u>	

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.

Not Embalmed
Student Embalmer

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Thurston C. Polittle*

Licensed Embalmer No. *3487*

P. O. Address *Crystal City, 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.