

85602

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41176
10985

FILED DEC 7 1953

State File No. 10985
Registrar's No. 10985

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 10985 | | Registrar's No. 10985 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jeff. <i>0501</i> | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 1 day | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City | | d. STREET ADDRESS (If rural, give location) 106 Walnut St. | | | | | |
| 3. NAME OF DECEASED (Type or Print) DARLENE Pearl LYNN Sloan | | | | a. (First) | | b. (Middle) | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1953 | |
| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant | | 8. DATE OF BIRTH Nov. 17, 1953 | | 9. AGE (In years last birthday) | 10. UNDER 1 YEAR (Months) (Days) | 11. UNDER 24 HRS. (Hours) (Min.) | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Howard Sloan | | | 13b. MOTHER'S MAIDEN NAME Lucille Hinton | | | 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. --- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard Sloan Crystal City, Mo. | | | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Infant. (Near 6 mos.) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Placenta previa. 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 | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION No surgery | | | | | | 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 7615 | | | | | | |
| 22. I hereby certify that I attended the deceased from 11-17- , 19 53 to 11-18- , 19 53 , that I last saw the deceased alive on 11-18-53 , and that death occurred at 7:00 am. , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>[Signature]</i> | | | | 23b. ADDRESS 4930 Lindell Blvd. St. Louis 8, Mo. | | | 23c. DATE SIGNED 11-19-53 | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov. 21, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial | | | 24d. LOCATION (City, town, or county) (State) Crystal City, Mo. | | | | | |
| DATE REC'D BY LOCAL REG. NOV 19 1953 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | | | ADDRESS <i>[Address]</i> | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Reuben R. Polite

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.