

# STANDARD CERTIFICATE OF DEATH

State File No. **7156**

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **171**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>St. Louis</b>	b. CITY (If outside corporate limits, write RURAL and give town) <b>Overland</b>	c. LENGTH OF STAY (in this place) <b>9 months</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Overland Restorium</b>		e. STREET ADDRESS (If rural, give location) <b>4129 Wright Ave.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Susie</b>	b. (Middle) <b>Mae</b>	c. (Last) <b>Sly</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan. 18, 1954</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>July 15, 1894</b>	<b>9. AGE</b> (In years last birthday) <b>59</b>	<b>IF UNDER 1 YEAR</b> Months <b>6</b> Days <b>3</b>	<b>IF UNDER 24 HRS.</b> Hours <b>0</b> Min. <b>0</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At home</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Housewife</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kentucky</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>George Monroe</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Laura Cleveland</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Alvin Sly</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Alvin Sly</b>	<b>ADDRESS</b> <b>4129 Wright Ave.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Terminal pneumonia.</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>  <b>years.</b>  <b>3 yrs.</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Myocarditis -</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Old fracture of Rt. leg - 3 years ago -</b>		

<b>19a. DATE OF OPERATION</b> <b>None</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4222</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <input checked="" type="checkbox"/>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>St. Louis Missouri</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>Jan 17 1954</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>fall</b>
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**22. I hereby certify that I attended the deceased from July 20, 1953 to Jan 18, 1954, that I last saw the deceased alive on Jan 17, 1954, and that death occurred at 9:00 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Roy C. Hecker Sr</b>	<b>(Degree or title)</b> <b>M.D.</b>	<b>23b. ADDRESS</b> <b>2458 Woodson St.</b>	<b>23c. DATE SIGNED</b> <b>Jan 19 1954</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Jan. 21, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mount Lebanon Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Mo</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>1/19/54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Hecker</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> / <b>ADDRESS</b> <b>Waller's Funeral Home</b> <b>190</b>
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(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *M. Lane*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.