

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14114
Registrar's No. 3227

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 MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO

c. CITY OR TOWN ST. LOUIS

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2309 S. 18th St

e. STREET ADDRESS (If rural, give location) 23 2309 S. 18th ST.

3. NAME OF DECEASED
a. (First) JOSEPH b. (Middle) W. c. (Last) SLADEK

4. DATE OF DEATH (Month) (Day) (Year) APR. 8 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED

8. DATE OF BIRTH SEPT 27 1880

9. AGE (In years last birthday) 73

UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SHIPPING CLERK

10b. KIND OF BUSINESS OR INDUSTRY GOODYEAR TIRE

11. BIRTHPLACE (City and State or Foreign Country) MISSOURI

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME CHARLES SLADEK

13b. MOTHER'S MAIDEN NAME BARBARA GAHN

14. NAME OF HUSBAND OR WIFE MARY

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. 493-05-6886

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY BURKE 1868 S. 14th

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES DUE TO (b) Chronic Myocarditis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Arterio Sclerosis

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 NO

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) 422.1

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1245 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patricia C. Taylor Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 4 9 54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE APR. 14 1954

24c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL

24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. ADD 9 1954

REGISTRAR'S SIGNATURE J. Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Thomas Kutis 1906 Geairie

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 *Howard C. Hill*
Licensed Embalmer No. *434*

P. O. Address *2906 E*

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.