

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14881

State File No.

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No.

3601

|   |                               |  |                                       |
|---|-------------------------------|--|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY      |                                       |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>   |                               | c. CITY OR TOWN <b>St. Louis</b>   |                                       |
| c. LENGTH OF STAY (in this place)   |                               | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                       |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b>   |                               | e. STREET ADDRESS (If rural, give location) <b>1489 Union Blvd.</b>  |                                       |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Joseph</b><br>b. (Middle) <b>H.</b><br>c. (Last) <b>Slinger</b>   |                               | 4. DATE OF DEATH <b>April 9, 1956</b>  |                                       |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  | 8. DATE OF BIRTH <b>Jan. 12, 1875</b> |
| 9. AGE (In years last birthday) <b>81</b>   |                               | 10. IF UNDER 1 YEAR: Months <b>2</b> Days <b>27</b>  |                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Gruendler Co.</b>   |                                       |
| 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>   |                               | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |                                       |
| 13a. FATHER'S NAME <b>William J. Slinger</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Eleanor N. Finnegan</b>   |                                       |
| 14. NAME OF HUSBAND OR WIFE <b>Matilda Slinger</b>  |                               |  |                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |                               | 16. SOCIAL SECURITY NO. <b>494-07-6747</b>   |                                       |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Matilda Slinger</b>   |                               | ADDRESS <b>1489 Union Bl.</b>  |                                       |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                    |                               | MEDICAL CERTIFICATION  |                                       |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>   |                               | INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>   |                                       |
| ANTECEDENT CAUSES<br>DUE TO (b) <b>Myocardial failure</b>   |                               | <b>2 weeks</b>   |                                       |
| DUE TO (c) <b>Bronchitis, Asthmatic, cronic</b>   |                               | <b>1 month</b>   |                                       |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>   |                               | <b>241X</b><br><b>1 year</b>   |                                       |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION   |                                       |
| 20. AUTOPSY?<br>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) m.  |                               | 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 <b>October 6, 1955</b> , to <b>April 9, 1956</b> , that I last saw the deceased alive on <b>April 9, 1956</b> , and that death occurred at <b>11:55P</b> m., from the causes and on the date stated above. |                               |  |                                       |
| 23a. SIGNATURE (Degree or title) <b>Henry G. Rosenberg M.D.</b>   |                               | 23b. ADDRESS <b>1467 North Union</b>   |                                       |
| 23c. DATE SIGNED <b>4/10/56</b>   |                               |  |                                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                               | 24b. DATE <b>4-12-56</b>   |                                       |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Galvary Cemetery</b>  |                               | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>   |                                       |
| DATE REC'D BY LOCAL REG. <b>APR 11 1956</b>   |                               | REGISTRAR'S SIGNATURE <b>Chas. F. Stuart</b>   |                                       |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. F. Stuart</b>   |                               | ADDRESS <b>1225 Union Blvd.</b>  |                                       |

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

*mgs*

(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.....  
Signature of Student Embalmer

Signed *Melvin L. Kemp*.....

Licensed Embalmer No. *40*

P. O. Address *3505*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (5 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.