

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18675

Registrar's No.

4382

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

1. PLACE OF DEATH

a. COUNTY

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

St Louis

c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

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 (If not in hospital or institution, give street address or location)

Incarnate Word

e. STREET ADDRESS (If rural, give location)

6814 a Clayton Rd

2270

3. NAME OF DECEASED (Type or Print)

a. (First)

Margaret

b. (Middle)

Slyman

c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)

May 3 1956

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Never Married

8. DATE OF BIRTH

Dec 11 1885

9. AGE (In years last birthday)

70

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

Hours

Min.

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

Custodian

10b. KIND OF BUSINESS OR INDUSTRY

Board of Education

11. BIRTHPLACE (City and State or Foreign Country)

St Louis Mo

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Mathes Slyman

13b. MOTHER'S MAIDEN NAME

Margaret Walsh

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)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT'S SIGNATURE OR NAME

Kate Wagner 6814 a Clayton

ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

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.

MEDICAL CERTIFICATION

Arterio-sclerotic Heart disease with failure

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

420.0

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)

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

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 Feb. 21, 1955 to May 3, 1956, that I last saw the deceased alive on May 3, 1956 and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

E. J. Williamson

(Degree or title)

MD

23b. ADDRESS

6336 Clayton Rd

23c. DATE SIGNED

May 4 56

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

May 7 56

24c. NAME OF CEMETERY OR CREMATORY

Calvary

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

St Louis Mo

DATE REC'D BY LOCAL REG.

MAY 4 1956

REGISTRAR'S SIGNATURE

J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE

E. J. Schnur 3125 Lafayette

ADDRESS

6.0 (Licensed Embalmer's Statement on Reverse Side)

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

202

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.....
Thomas R. Perwick

Licensed Embalmer No. 379

P. O. Address 3125 Luff

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.