

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32710

FILED OCT 10 1956

542 State File No. 590 Registrar's No. 2282

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson		c. CITY OR TOWN Ferguson 4009	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 1405 N. Florissant		e. STREET ADDRESS (If rural, give location) 1405 N. Florissant	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) (JACK)	c. (Last) SLUCE	4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 27, 1902	9. AGE (In years last birthday) 53	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heating Cont.	11. BIRTHPLACE (City and State or Foreign Country) Toronto, Canada	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Sluce	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ruth A. Sluce
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 486-18-5517	17. INFORMANT'S SIGNATURE OR NAME Ruth A. Sluce, 1405 N. Florissant	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
* 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) Carcinomatosis		20mo.
	ANTECEDENT CAUSES		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Carcinoma of colon.		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 11-14-55	19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon metastasizes to liver 153x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 1956, to Sept 25, 1956, that I last saw the deceased alive on Aug 2, 1956, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) [Signature]	23b. ADDRESS 110 S. Central City	23c. DATE SIGNED 27 Sept
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-28-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
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DATE REC'D BY LOCAL REG. 9-27-56	REGISTRAR'S SIGNATURE Herbert R. Doublemd	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE CHAPEL, FERGUSON, MISSOURI
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4009

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 *Eleana Province*

Licensed Embalmer No. 3403

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