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SL 2476 FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3092

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 197

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.GRAND,ST.LOUIS,MO. Inside Limits Yes X No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL Length of stay in 1b 19 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY St. Louis

c. CITY OR TOWN ~~ST. LOUIS~~ 4000 Inside Limits Yes X No ☐

d. STREET ADDRESS (If outside, give location) 2045 KAPPEL DR. Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First ROY Middle A. Last SLAVENS

4. DATE OF DEATH Month Day Year JANUARY 7, 1957

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 7/9/92

9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and state or country) LINCOLN CO., MO.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME WRIGHT A. SLAVENS

14. MOTHER'S MAIDEN NAME SUSIE MILLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Mrs. Ellen Slavens, 2045 Kappel drive Address VA HOSP. RECORDS, ST. LOUIS, MO.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA DUE TO UNDETERMINED ETIOLOGY — INTERVAL BETWEEN ONSET AND DEATH appx.10 hrxs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
1. Fibrocaseous tuberculosis with cavitation, right lung
2. Renal disease of undetermined nature

002X

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK VA ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/19/56, to 1/7/57 and last saw ~~XXX~~ him alive on 1/7/57
Death occurred at 2:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. F. Westphaelinger (Degree or title) Westphaelinger

22b. ADDRESS 915 N.Grand VAH, ST. LOUIS, MO.

22c. DATE SIGNED 1/7/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Jan 10 1957

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av

25. DATE RECD. BY LOCAL REG. JAN 8 '57

26. REGISTRAR'S SIGNATURE J Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glen W. Hat

Licensed Embalmer No. 37

P. O. Address St. Louis

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